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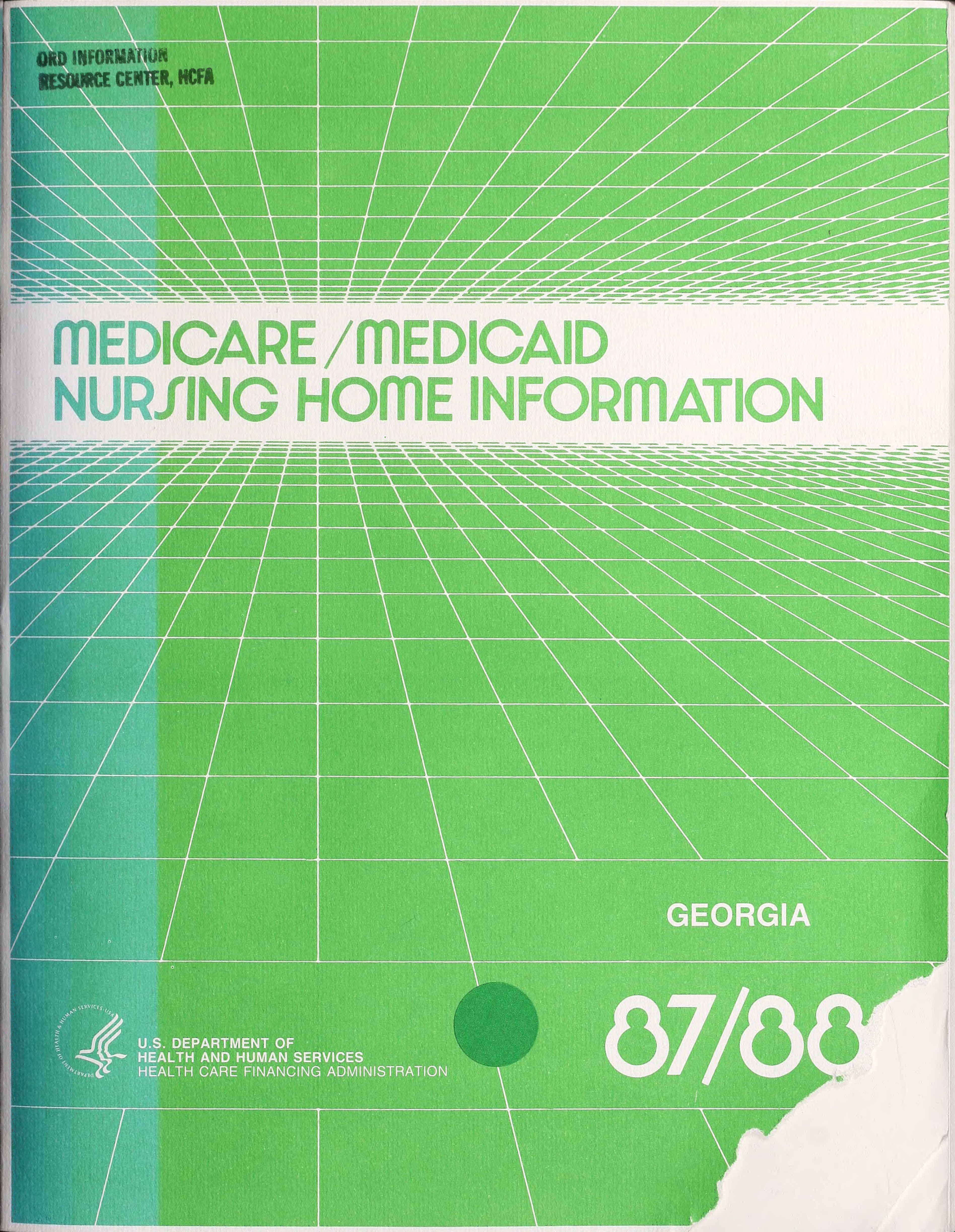
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

GEORGIA

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
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Georgia

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

GEORGIA

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

James G. Ledbetter, Ph.D./Commissioner

GEORGIA DEPARTMENT OF HUMAN RESOURCES

47 TRINITY AVENUE, S.W. / ATLANTA, GEORGIA 30334-1202

GEORGIA

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

In Georgia, all nursing homes are licensed by the Department of Human Resources. The purpose of the licensing program is to assure that homes meet minimal requirements and provide quality services in areas such as administration; medical, nursing, dietary, and social services; equipment; safety; sanitation; and physical plant standards. To assess compliance with the requirements, homes are inspected at least once a year by teams of professionals consisting of registered nurses, social workers, dietitians, fire marshals, and administrative specialists. In addition to licensing inspections, homes are also subject to inspections when complaints are received.

Two important state laws complement the licensing program and these are the "Long-Term Care Facility Resident Abuse Reporting Act" and the "Bill of Rights for Residents of Long-Term Care Facilities." The former provides for the reporting and investigation of alleged abuse, neglect, or exploitation of residents. The latter law is a declaration of basic rights that must be afforded to all residents. Major categories include rights to adequate and appropriate care, treatment, and services; citizen's rights; rights to privacy; and freedom from involuntary transfers.

OVERVIEW OF ENFORCEMENT SYSTEM

All homes receive an annual, unannounced inspection by the Department of Human Resources and are subject to additional inspections, for example, when complaints are received. When any inspection identifies violations of licensing requirements or state laws, such as the "Bill of Rights for Residents of Long Term Care Facilities," homes are required to submit written plans that outline specific actions and timetables for correcting the violations. The plans must be approved by the Department. Homes are frequently reinspected to assure that corrective actions and timetables have been followed. Homes that experience problems with meeting licensing requirements may be issued provisional licenses subject to making needed corrections and improvements within specified time frames. Under certain conditions, a license may be revoked by the Department. In emergency situations, the Commissioner of the Department of Human Resources may order relocation of residents or prohibit further admissions, as well as place a monitor in a home to observe conditions. Such situations may occur when patients are in danger or when uncorrected violations jeopardize the health and safety of residents.

RESOURCES AVAILABLE TO CONSUMERS

The Department of Human Resources' licensing agency is the Office of Regulatory Services' Standards and Licensure Section, 878 Peachtree Street, Atlanta, Georgia, 30309; telephone (404) 894-5137. Information about nursing homes, licensing regulations, and results of inspections may be obtained by calling or writing this agency.

Consumer complaints about nursing homes may be made by calling or writing the Standards and Licensure Section's Complaint Unit; same address as above; telephone (404) 894-4768. The Governor's Office of Consumer Affairs operates a TIE LINE number, 1-800-282-5808, which also may be used to report complaints; in metropolitan Atlanta, the number is 656-7000.

The Department of Human Resources also operates an Office of Aging, 878 Peachtree Street, Atlanta, Georgia 30309; telephone (404) 894-5336. A major responsibility of this Office is the state and regional Ombudsmen Programs which are designed to assist citizens who have questions, concerns, or complaints about nursing homes. Ombudsmen, a Swedish term meaning "citizen representatives," work closely with nursing home residents and their families to serve their interests. Information about the locations of regional programs may be obtained by calling or writing the Office of Aging.

Consumer complaints about alleged fraud or abuse of Medicaid funds and expenses are handled by the Department of Medical Assistance's Investigation and Compliance Section, 2 Martin Luther King, Jr. Drive, S.E., Atlanta, Georgia, 30334-9986. The toll free telephone number is 1-800-533-0686; in metropolitan Atlanta, the number is 656-4445.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:
City and State:

Participation:
# of Beds:
Type of Ownership:
Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

> Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.
>
> Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

> Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.
>
> Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.
>
> Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.
>
> Proprietary — A nursing home operated for profit.
>
> Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
RIVER WILLOWS NURSING HOME

Street Address: HIGHWAY 280E BOX 428	**City and State:** ABBEVILLE GA 31001

Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	74.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	69.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	40.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	35.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.6	34.4	37.7
Completely bedfast residents.	7	7.2	4.2	3.4
Residents confined to chairs.	24	24.7	45.6	50.8
Residents requiring restraints.	7	7.2	31.9	41.3
Confused or disoriented residents.	68	70.1	56.7	58.4
Residents with bed sores.	8	8.2	6.0	7.1
Residents receiving special skin care.	24	24.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL CONVALESCENT CENTER

Street Address: 706 N PARRISH AVE BOX 677	**City and State:** ADEL GA 31620

Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	90.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	71.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	71.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	82.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	38.7	34.4	37.7
Completely bedfast residents.	4	5.0	4.2	3.4
Residents confined to chairs.	32	40.0	45.6	50.8
Residents requiring restraints.	26	32.5	31.9	41.3
Confused or disoriented residents.	55	68.8	56.7	58.4
Residents with bed sores.	2	2.5	6.0	7.1
Residents receiving special skin care.	26	32.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSON CO ICF

Street Address: SCHOOL ST BOX 207	**City and State:** ADRIAN GA 31002

Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	77.6	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	42	72.4	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	29.3	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	51.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	22.4	48.0	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	10.3	22.1	29.3
Completely bedfast residents.	2	3.4	2.4	3.6
Residents confined to chairs.	12	20.7	27.1	39.1
Residents requiring restraints.	6	10.3	20.8	31.7
Confused or disoriented residents.	41	70.7	57.1	55.8
Residents with bed sores.	2	3.4	2.9	4.7
Residents receiving special skin care.	58	100	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER OF ALBANY

Street Address: 223 THIRD AVE BOX 2003	**City and State:** ALBANY GA 31701

Participation: MEDICAID SNF/ICF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 0	**Medicaid Residents:** 145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	92.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	147	88.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	147	88.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	88.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	88.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	17	10.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	56.6	34.4	37.7
Completely bedfast residents.	4	2.4	4.2	3.4
Residents confined to chairs.	103	62.0	45.6	50.8
Residents requiring restraints.	83	50.0	31.9	41.3
Confused or disoriented residents.	128	77.1	56.7	58.4
Residents with bed sores.	29	17.5	6.0	7.1
Residents receiving special skin care.	29	17.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMYRA NH

Street Address: 1904 PALMYRA RD BOX 1110	**City and State:** ALBANY GA 31701

Participation: MEDICAID SNF/ICF	**# of Beds:** 250	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 247	**Medicare Residents:** 0	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	179	72.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	198	80.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	174	70.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	179	72.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	169	68.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	156	63.2	34.4	37.7
Completely bedfast residents.	5	2.0	4.2	3.4
Residents confined to chairs.	113	45.7	45.6	50.8
Residents requiring restraints.	103	41.7	31.9	41.3
Confused or disoriented residents.	189	76.5	56.7	58.4
Residents with bed sores.	15	6.1	6.0	7.1
Residents receiving special skin care.	247	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN OAKS CONVALESCENT CENTER

Street Address: 301 S BAKER ST	**City and State:** ALMA GA 31510

Participation: MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	50.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	59	67.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	46.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	50.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	26.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.6	34.4	37.7
Completely bedfast residents.	3	3.4	4.2	3.4
Residents confined to chairs.	18	20.7	45.6	50.8
Residents requiring restraints.	8	9.2	31.9	41.3
Confused or disoriented residents.	10	11.5	56.7	58.4
Residents with bed sores.	5	5.7	6.0	7.1
Residents receiving special skin care.	15	17.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA MANOR ICF 1

Street Address: S LEE ST BOX 346	**City and State:** AMERICUS GA 31709

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	50.0	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	6.1	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	0	0.0	27.1	39.1
Residents requiring restraints.	0	0.0	20.8	31.7
Confused or disoriented residents.	26	39.4	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	9	13.6	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA MANOR METHODIST NURSING CTR

Street Address: S LEE ST BOX 346	**City and State:** AMERICUS GA 31709

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 238	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 232	**Medicare Residents:** 0	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	202	87.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	210	90.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	174	75.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	65.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	72.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	33.2	34.4	37.7
Completely bedfast residents.	19	8.2	4.2	3.4
Residents confined to chairs.	114	49.1	45.6	50.8
Residents requiring restraints.	72	31.0	31.9	41.3
Confused or disoriented residents.	148	63.8	56.7	58.4
Residents with bed sores.	11	4.7	6.0	7.1
Residents receiving special skin care.	36	15.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHBURN HEALTH CARE

Street Address: 404 INDUSTRIAL BLVD BOX 629	**City and State:** ASHBURN GA 31714

Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	71.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	59	77.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	45	59.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	65.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	44.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	36.8	34.4	37.7
Completely bedfast residents.	3	3.9	4.2	3.4
Residents confined to chairs.	38	50.0	45.6	50.8
Residents requiring restraints.	29	38.2	31.9	41.3
Confused or disoriented residents.	39	51.3	56.7	58.4
Residents with bed sores.	1	1.3	6.0	7.1
Residents receiving special skin care.	40	52.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATHENS HEALTH CARE CENTER

Street Address: 139 ALPS RD	**City and State:** ATHENS GA 30610

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	70.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	99	82.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	78.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	76.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	67.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	49.2	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	21	17.5	45.6	50.8
Residents requiring restraints.	43	35.8	31.9	41.3
Confused or disoriented residents.	80	66.7	56.7	58.4
Residents with bed sores.	7	5.8	6.0	7.1
Residents receiving special skin care.	58	48.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW CENTER

Street Address: 165 WINSTON DR		**City and State:** ATHENS GA 30607	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	56.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	69	70.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	49.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	49.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	31.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	10.2	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	18	18.4	45.6	50.8
Residents requiring restraints.	21	21.4	31.9	41.3
Confused or disoriented residents.	45	45.9	56.7	58.4
Residents with bed sores.	4	4.1	6.0	7.1
Residents receiving special skin care.	19	19.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HORIZON HEALTH CARE

Street Address: 700 EPPS BRIDGE RD	**City and State:** ATHENS GA 30601

Participation: MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	92.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	81	68.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	60.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	59.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	43.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.6	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	56	47.5	45.6	50.8
Residents requiring restraints.	42	35.6	31.9	41.3
Confused or disoriented residents.	93	78.8	56.7	58.4
Residents with bed sores.	3	2.5	6.0	7.1
Residents receiving special skin care.	11	9.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
A G RHODES HOME

Street Address: 350 BLVD SE	**City and State:** ATLANTA GA 30312

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	87.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	114	83.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	112	81.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	75.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	70.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	31	22.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	29.2	34.4	37.7
Completely bedfast residents.	1	0.7	4.2	3.4
Residents confined to chairs.	50	36.5	45.6	50.8
Residents requiring restraints.	45	32.8	31.9	41.3
Confused or disoriented residents.	66	48.2	56.7	58.4
Residents with bed sores.	9	6.6	6.0	7.1
Residents receiving special skin care.	19	13.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANSLEY PAVILION INC

Street Address: 560 ST CHARLES AV NE	**City and State:** ATLANTA GA 30308

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	88.4	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	77	89.5	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	79.1	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	59.3	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	72.1	48.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.5	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	25.6	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	21	24.4	27.1	39.1
Residents requiring restraints.	32	37.2	20.8	31.7
Confused or disoriented residents.	50	58.1	57.1	55.8
Residents with bed sores.	11	12.8	2.9	4.7
Residents receiving special skin care.	31	36.0	19.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHTON WOODS CONV CTR

Street Address: 3535 ASHTON WOODS DR NE	**City and State:** ATLANTA GA 30319

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	157	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	84.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	76.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	79.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.0	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	55	46.2	45.6	50.8
Residents requiring restraints.	39	32.8	31.9	41.3
Confused or disoriented residents.	84	70.6	56.7	58.4
Residents with bed sores.	6	5.0	6.0	7.1
Residents receiving special skin care.	56	47.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATTAHOOCHEE HEALTH CARE INC

Street Address: 3700 CASCADE PALMETTO RD SW	**City and State:** ATLANTA GA 30331

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	61.4	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	30	52.6	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	47.4	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	45.6	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	43.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	7.0	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	24	42.1	27.1	39.1
Residents requiring restraints.	24	42.1	20.8	31.7
Confused or disoriented residents.	26	45.6	57.1	55.8
Residents with bed sores.	3	5.3	2.9	4.7
Residents receiving special skin care.	9	15.8	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN CITY CONVALESCENT CENTER

Street Address: 7300 LESTER ROAD		**City and State:** ATLANTA GA 30349	
Participation: MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
200	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	86.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	177	88.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	146	73.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	65.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	57.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	22	11.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	34.0	34.4	37.7
Completely bedfast residents.	6	3.0	4.2	3.4
Residents confined to chairs.	110	55.0	45.6	50.8
Residents requiring restraints.	52	26.0	31.9	41.3
Confused or disoriented residents.	103	51.5	56.7	58.4
Residents with bed sores.	6	3.0	6.0	7.1
Residents receiving special skin care.	51	25.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMORY CONVALESCENT HOME

Street Address: 1466 OXFORD RD NE	**City and State:** ATLANTA GA 30307

Participation: MEDICAID SNF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	95.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	36	87.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	87.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	78.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	36	87.8	45.6	50.8
Residents requiring restraints.	12	29.3	31.9	41.3
Confused or disoriented residents.	19	46.3	56.7	58.4
Residents with bed sores.	2	4.9	6.0	7.1
Residents receiving special skin care.	4	9.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GA RETARDATION CENTER NH

Street Address: 4770 N PEACHTREE RD	**City and State:** ATLANTA GA 30341

Participation: MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	97.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	97.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	97.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	100	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	97.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	85	96.6	45.6	50.8
Residents requiring restraints.	29	33.0	31.9	41.3
Confused or disoriented residents.	0	0.0	56.7	58.4
Residents with bed sores.	7	8.0	6.0	7.1
Residents receiving special skin care.	37	42.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE CONVALESCENT CENTER

Street Address: 54 PEACHTREE PARK DR NE	**City and State:** ATLANTA GA 30309

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	174	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	150	86.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	129	74.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	75.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	70.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	30.5	34.4	37.7
Completely bedfast residents.	5	2.9	4.2	3.4
Residents confined to chairs.	92	52.9	45.6	50.8
Residents requiring restraints.	55	31.6	31.9	41.3
Confused or disoriented residents.	63	36.2	56.7	58.4
Residents with bed sores.	5	2.9	6.0	7.1
Residents receiving special skin care.	19	10.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL HEALTH CARE INC

Street Address: 2645 WHITING ST NW	**City and State:** ATLANTA GA 30318

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	91.5	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	89.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	72.9	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	70.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	15.3	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	66	55.9	45.6	50.8
Residents requiring restraints.	17	14.4	31.9	41.3
Confused or disoriented residents.	25	21.2	56.7	58.4
Residents with bed sores.	8	6.8	6.0	7.1
Residents receiving special skin care.	29	24.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

''Facility'' column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. ''State'' and ''Nation'' columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. ''Met'' means that the facility is in compliance with the specific requirement. ''Not Met'' means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWTONHOUSE

Street Address: 320 PARKWAY DRIVE NE	**City and State:** ATLANTA GA 30312

Participation: MEDICARE SNF	**# of Beds:** 146	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	45	78.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	38	66.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	5.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.1	34.4	37.7
Completely bedfast residents.	2	3.5	4.2	3.4
Residents confined to chairs.	32	56.1	45.6	50.8
Residents requiring restraints.	16	28.1	31.9	41.3
Confused or disoriented residents.	30	52.6	56.7	58.4
Residents with bed sores.	5	8.8	6.0	7.1
Residents receiving special skin care.	12	21.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#		#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHSIDE CONVALESCENT CENTER SNF

Street Address: 993-E JOHNSON FERRY RD NE	**City and State:** ATLANTA GA 30322

Participation: MEDICARE SNF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 6	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	14	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	71.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	28.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	6	42.9	45.6	50.8
Residents requiring restraints.	1	7.1	31.9	41.3
Confused or disoriented residents.	9	64.3	56.7	58.4
Residents with bed sores.	2	14.3	6.0	7.1
Residents receiving special skin care.	1	7.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NURSECARE CENTER OF ATLANTA

Street Address: 2920 PHARR COURT S	**City and State:** ATLANTA GA 30305

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 199	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	75.4	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	75.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	62.8	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	60.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	53.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	21.6	34.4	37.7
Completely bedfast residents.	9	4.5	4.2	3.4
Residents confined to chairs.	101	50.8	45.6	50.8
Residents requiring restraints.	57	28.6	31.9	41.3
Confused or disoriented residents.	95	47.7	56.7	58.4
Residents with bed sores.	10	5.0	6.0	7.1
Residents receiving special skin care.	61	30.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NH

Street Address: 460 AUBURN AV NE	**City and State:** ATLANTA GA 30312

Participation: MEDICAID SNF/ICF	**# of Beds:** 186	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	**Medicare Residents:** 0	**Medicaid Residents:** 183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	67.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	126	68.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	121	65.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	75.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	79.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	15.7	34.4	37.7
Completely bedfast residents.	1	0.5	4.2	3.4
Residents confined to chairs.	67	36.2	45.6	50.8
Residents requiring restraints.	45	24.3	31.9	41.3
Confused or disoriented residents.	121	65.4	56.7	58.4
Residents with bed sores.	11	5.9	6.0	7.1
Residents receiving special skin care.	26	14.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIEDMONT HOSP-ECF

Street Address: 1968 PEACHTREE RD		**City and State:** ATLANTA GA 30309	
Participation: MEDICARE SNF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	80.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	94.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	32	91.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	91.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	91.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	42.9	34.4	37.7
Completely bedfast residents.	4	11.4	4.2	3.4
Residents confined to chairs.	10	28.6	45.6	50.8
Residents requiring restraints.	0	0.0	31.9	41.3
Confused or disoriented residents.	9	25.7	56.7	58.4
Residents with bed sores.	6	17.1	6.0	7.1
Residents receiving special skin care.	21	60.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SADIE G MAYS MEM NURSING HOME

Street Address: 1821 W ANDERSON AVE SW	**City and State:** ATLANTA GA 31314

Participation: MEDICAID SNF/ICF	**# of Beds:** 206	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 205	**Medicare Residents:** 0	**Medicaid Residents:** 191

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	78.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	165	80.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	167	81.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	88.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	143	69.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	23.9	34.4	37.7
Completely bedfast residents.	6	2.9	4.2	3.4
Residents confined to chairs.	134	65.4	45.6	50.8
Residents requiring restraints.	28	13.7	31.9	41.3
Confused or disoriented residents.	128	62.4	56.7	58.4
Residents with bed sores.	15	7.3	6.0	7.1
Residents receiving special skin care.	10	4.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH FULTON HOSP- NH

Street Address: 1170 CLEVELAND AVE	**City and State:** ATLANTA GA 30344

Participation: MEDICARE SNF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 6	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	85.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	6	85.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	6	85.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	71.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	14.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	57.1	34.4	37.7
Completely bedfast residents.	3	42.9	4.2	3.4
Residents confined to chairs.	2	28.6	45.6	50.8
Residents requiring restraints.	3	42.9	31.9	41.3
Confused or disoriented residents.	2	28.6	56.7	58.4
Residents with bed sores.	1	14.3	6.0	7.1
Residents receiving special skin care.	6	85.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGDALE NH

Street Address: 2850 SPRINGDALE RD SW		**City and State:** ATLANTA GA 30315	
Participation: MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	73.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	74.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	63.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	64.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	63.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.0	34.4	37.7
Completely bedfast residents.	11	11.0	4.2	3.4
Residents confined to chairs.	30	30.0	45.6	50.8
Residents requiring restraints.	37	37.0	31.9	41.3
Confused or disoriented residents.	18	18.0	56.7	58.4
Residents with bed sores.	7	7.0	6.0	7.1
Residents receiving special skin care.	26	26.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE JEWISH HOME NH

Street Address: 3150 HOWELL MILL RD NW	**City and State:** ATLANTA GA 30327

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 4	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	84.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	114	97.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	72.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	75.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	79.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	54.7	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	44	37.6	45.6	50.8
Residents requiring restraints.	55	47.0	31.9	41.3
Confused or disoriented residents.	75	64.1	56.7	58.4
Residents with bed sores.	11	9.4	6.0	7.1
Residents receiving special skin care.	45	38.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY WOODS HEALTH CENTER

Street Address: 1841 CLIFTON RD NE

City and State: ATLANTA GA 30029

Participation: MEDICARE/MEDICAID SNF

# of Beds: 171

Type of Ownership: NON-PROFIT RELIGIOUS

Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166

Medicare Residents: 0

Medicaid Residents: 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	87.3	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	86.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	82.5	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	48.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	86.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	14	8.4	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	30.1	34.4	37.7
Completely bedfast residents.	11	6.6	4.2	3.4
Residents confined to chairs.	84	50.6	45.6	50.8
Residents requiring restraints.	57	34.3	31.9	41.3
Confused or disoriented residents.	69	41.6	56.7	58.4
Residents with bed sores.	11	6.6	6.0	7.1
Residents receiving special skin care.	54	32.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGUSTA HEALTH CARE

Street Address: 2021 SCOTT RD	**City and State:** AUGUSTA GA 30906

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 213	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 205	**Medicare Residents:** 0	**Medicaid Residents:** 182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	68.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	76.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	148	72.2	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	76.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	81.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	8	3.9	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	26.8	34.4	37.7
Completely bedfast residents.	7	3.4	4.2	3.4
Residents confined to chairs.	122	59.5	45.6	50.8
Residents requiring restraints.	83	40.5	31.9	41.3
Confused or disoriented residents.	166	81.0	56.7	58.4
Residents with bed sores.	4	2.0	6.0	7.1
Residents receiving special skin care.	7	3.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT CENTER

Street Address: 1600 ANTHONY RD	**City and State:** AUGUSTA GA 30904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	83.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	69.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	67.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	26.3	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	43	43.4	45.6	50.8
Residents requiring restraints.	40	40.4	31.9	41.3
Confused or disoriented residents.	63	63.6	56.7	58.4
Residents with bed sores.	2	2.0	6.0	7.1
Residents receiving special skin care.	23	23.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLAIR HOUSE CONVALESCENT CTR

Street Address: 2541 MILLEDGEVILLE RD	**City and State:** AUGUSTA GA 30904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	77.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	79	79.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	74.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.4	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	67	67.7	45.6	50.8
Residents requiring restraints.	28	28.3	31.9	41.3
Confused or disoriented residents.	82	82.8	56.7	58.4
Residents with bed sores.	8	8.1	6.0	7.1
Residents receiving special skin care.	47	47.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BON AIR LIFE CARE CENTER

Street Address: 873 HICKMAN RD	**City and State:** AUGUSTA GA 30904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	107	90.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	70.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	70.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	46.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	22	18.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	25.4	34.4	37.7
Completely bedfast residents.	1	0.8	4.2	3.4
Residents confined to chairs.	75	63.6	45.6	50.8
Residents requiring restraints.	41	34.7	31.9	41.3
Confused or disoriented residents.	57	48.3	56.7	58.4
Residents with bed sores.	5	4.2	6.0	7.1
Residents receiving special skin care.	37	31.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENNINGS HEALTHCARE INC

Street Address: 3235 DEANS BRIDGE RD	**City and State:** AUGUSTA GA 30906

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 1	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	78.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	73.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	25	67.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	67.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	7	18.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	45.9	34.4	37.7
Completely bedfast residents.	3	8.1	4.2	3.4
Residents confined to chairs.	10	27.0	45.6	50.8
Residents requiring restraints.	10	27.0	31.9	41.3
Confused or disoriented residents.	34	91.9	56.7	58.4
Residents with bed sores.	4	10.8	6.0	7.1
Residents receiving special skin care.	4	10.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST LAKE MANOR HEALTH CARE CENTER

Street Address: 820 STEVENS CREEK RD	**City and State:** AUGUSTA GA 30907

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	94.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	92.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	76.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	71.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.4	34.4	37.7
Completely bedfast residents.	3	3.2	4.2	3.4
Residents confined to chairs.	61	65.6	45.6	50.8
Residents requiring restraints.	21	22.6	31.9	41.3
Confused or disoriented residents.	70	75.3	56.7	58.4
Residents with bed sores.	3	3.2	6.0	7.1
Residents receiving special skin care.	18	19.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDERMERE NURSING HOME

Street Address: 3618 J DEWEY GRAY CIRCLE		**City and State:** AUGUSTA GA 30905	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	105	89.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	67.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	53.0	34.4	37.7
Completely bedfast residents.	4	3.4	4.2	3.4
Residents confined to chairs.	57	48.7	45.6	50.8
Residents requiring restraints.	54	46.2	31.9	41.3
Confused or disoriented residents.	93	79.5	56.7	58.4
Residents with bed sores.	9	7.7	6.0	7.1
Residents receiving special skin care.	70	59.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATLANTA HEALTH CARE CENTER

Street Address: 1700 MULKEY RD	**City and State:** AUSTELL GA 30001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 1	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	77.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	100	82.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	80.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	66.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	31.1	34.4	37.7
Completely bedfast residents.	2	1.6	4.2	3.4
Residents confined to chairs.	74	60.7	45.6	50.8
Residents requiring restraints.	77	63.1	31.9	41.3
Confused or disoriented residents.	78	63.9	56.7	58.4
Residents with bed sores.	6	4.9	6.0	7.1
Residents receiving special skin care.	61	50.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIAN CENTER OF NURSING CARE

Street Address: 2130 ANDERSON MILL RD	**City and State:** AUSTELL GA 30001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 0	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	134	80.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	138	83.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	109	65.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	67.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	57.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	3.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	31.9	34.4	37.7
Completely bedfast residents.	17	10.2	4.2	3.4
Residents confined to chairs.	60	36.1	45.6	50.8
Residents requiring restraints.	68	41.0	31.9	41.3
Confused or disoriented residents.	114	68.7	56.7	58.4
Residents with bed sores.	11	6.6	6.0	7.1
Residents receiving special skin care.	21	12.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN VILLAGE

Street Address:	**City and State:**
2000 EAST-WEST CONNECTOR	AUSTELL GA 30001

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	107	NON-PROFIT RELIGIOUS	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	92.9	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	96.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	76.8	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	92.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	5.4	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	46.4	34.4	37.7
Completely bedfast residents.	3	5.4	4.2	3.4
Residents confined to chairs.	28	50.0	45.6	50.8
Residents requiring restraints.	12	21.4	31.9	41.3
Confused or disoriented residents.	36	64.3	56.7	58.4
Residents with bed sores.	3	5.4	6.0	7.1
Residents receiving special skin care.	5	8.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAINBRIDGE HEALTH CARE INC

Street Address:	**City and State:**
1155 W COLLEGE ST RT2 BOX 20	BAINBRIDGE GA 31717

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	56.6	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	59.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	52.5	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	69.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	52.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	19.2	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	24	24.2	45.6	50.8
Residents requiring restraints.	31	31.3	31.9	41.3
Confused or disoriented residents.	42	42.4	56.7	58.4
Residents with bed sores.	6	6.1	6.0	7.1
Residents receiving special skin care.	2	2.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL MANOR NH

Street Address: 1500 E SHOTWELL ST		**City and State:** BAINBRIDGE GA 31717	
Participation: MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	74.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	76.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	64.5	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	69.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	54.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	33.6	34.4	37.7
Completely bedfast residents.	3	2.8	4.2	3.4
Residents confined to chairs.	46	43.0	45.6	50.8
Residents requiring restraints.	51	47.7	31.9	41.3
Confused or disoriented residents.	55	51.4	56.7	58.4
Residents with bed sores.	4	3.7	6.0	7.1
Residents receiving special skin care.	32	29.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCENIC VIEW HEALTH CARE CENTER

Street Address: PEACH ORCHARD RD BOX 288	**City and State:** BALDWIN GA 30511

Participation: MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	74.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	89.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	97	86.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	74.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	60.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	30.4	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	66	58.9	45.6	50.8
Residents requiring restraints.	35	31.3	31.9	41.3
Confused or disoriented residents.	66	58.9	56.7	58.4
Residents with bed sores.	3	2.7	6.0	7.1
Residents receiving special skin care.	16	14.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE INN OF BARNESVILLE

Street Address: 148 FORT VALLEY RD	**City and State:** BARNESVILLE GA 30204

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	96.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	97	83.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	102	87.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	57.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	74.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	46.6	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	69	59.5	45.6	50.8
Residents requiring restraints.	52	44.8	31.9	41.3
Confused or disoriented residents.	68	58.6	56.7	58.4
Residents with bed sores.	6	5.2	6.0	7.1
Residents receiving special skin care.	47	40.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLING CO NH

Street Address: 303 E WALNUT ST		**City and State:** BAXLEY GA 31513	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	96.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	87.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	26	83.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	83.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	3.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	41.9	34.4	37.7
Completely bedfast residents.	2	6.5	4.2	3.4
Residents confined to chairs.	22	71.0	45.6	50.8
Residents requiring restraints.	16	51.6	31.9	41.3
Confused or disoriented residents.	31	100	56.7	58.4
Residents with bed sores.	4	12.9	6.0	7.1
Residents receiving special skin care.	12	38.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAXLEY MANOR INC

Street Address: PO BOX 507	**City and State:** BAXLEY GA 31513

Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	69.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	52	76.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	30	44.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	41.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	44.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	8.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	43	63.2	45.6	50.8
Residents requiring restraints.	6	8.8	31.9	41.3
Confused or disoriented residents.	68	100	56.7	58.4
Residents with bed sores.	2	2.9	6.0	7.1
Residents receiving special skin care.	3	4.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIERCE CO NH

Street Address: 221 CARTER AVE BOX 32	**City and State:** BLACKSHEAR GA 31516

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	28	96.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	28	96.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	93.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	82.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	51.7	34.4	37.7
Completely bedfast residents.	3	10.3	4.2	3.4
Residents confined to chairs.	21	72.4	45.6	50.8
Residents requiring restraints.	13	44.8	31.9	41.3
Confused or disoriented residents.	17	58.6	56.7	58.4
Residents with bed sores.	1	3.4	6.0	7.1
Residents receiving special skin care.	5	17.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION CO NH

Street Address: RT 7 BOX 7650	**City and State:** BLAIRSVILLE GA 30512

Participation: MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	87.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	89.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	72.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	69.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	62.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	52.1	34.4	37.7
Completely bedfast residents.	12	12.5	4.2	3.4
Residents confined to chairs.	40	41.7	45.6	50.8
Residents requiring restraints.	73	76.0	31.9	41.3
Confused or disoriented residents.	62	64.6	56.7	58.4
Residents with bed sores.	6	6.3	6.0	7.1
Residents receiving special skin care.	8	8.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EARLY MEMORIAL NH

Street Address: 630 COLUMBIA RD	**City and State:** BLAKELY GA 31723

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	96.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	88	72.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	68.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	58.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	62.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	41.8	34.4	37.7
Completely bedfast residents.	9	7.4	4.2	3.4
Residents confined to chairs.	64	52.5	45.6	50.8
Residents requiring restraints.	38	31.1	31.9	41.3
Confused or disoriented residents.	66	54.1	56.7	58.4
Residents with bed sores.	4	3.3	6.0	7.1
Residents receiving special skin care.	24	19.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FANNIN CO NH

Street Address: PO BOX 1227	**City and State:** BLUE RIDGE GA 30513

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	101	PROPRIETARY	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	70.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	68.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	68.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	67.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	69.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	34.0	34.4	37.7
Completely bedfast residents.	5	5.0	4.2	3.4
Residents confined to chairs.	60	60.0	45.6	50.8
Residents requiring restraints.	44	44.0	31.9	41.3
Confused or disoriented residents.	64	64.0	56.7	58.4
Residents with bed sores.	5	5.0	6.0	7.1
Residents receiving special skin care.	17	17.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARALSON CO NH

Street Address: 315 FIELD ST BOX 724	**City and State:** BREMEN GA 30110

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	120	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	69.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	95	79.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	70.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	25.2	34.4	37.7
Completely bedfast residents.	18	15.1	4.2	3.4
Residents confined to chairs.	63	52.9	45.6	50.8
Residents requiring restraints.	41	34.5	31.9	41.3
Confused or disoriented residents.	70	58.8	56.7	58.4
Residents with bed sores.	4	3.4	6.0	7.1
Residents receiving special skin care.	4	3.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOODWILL INTERMEDIATE HOME

Street Address: 2708 LEE ST	**City and State:** BRUNSWICK GA 31520

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	52.5	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	38	64.4	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	52.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	47.5	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	18.6	48.0	59.1
Residents on individually written bowel and bladder retraining program.	11	18.6	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	16.9	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	8	13.6	27.1	39.1
Residents requiring restraints.	1	1.7	20.8	31.7
Confused or disoriented residents.	32	54.2	57.1	55.8
Residents with bed sores.	1	1.7	2.9	4.7
Residents receiving special skin care.	1	1.7	19.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL ARTS CENTER OF COASTAL GA

Street Address: 2611 WILDWOOD DR	**City and State:** BRUNSWICK GA 31520

Participation: MEDICAID SNF/ICF	**# of Beds:** 158	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	83.3	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	87.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	73.1	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	80.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	66.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	35.9	34.4	37.7
Completely bedfast residents.	2	1.3	4.2	3.4
Residents confined to chairs.	77	49.4	45.6	50.8
Residents requiring restraints.	52	33.3	31.9	41.3
Confused or disoriented residents.	91	58.3	56.7	58.4
Residents with bed sores.	6	3.8	6.0	7.1
Residents receiving special skin care.	51	32.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEARS MANOR

Street Address: 3311 LEE ST BOX 1993	**City and State:** BRUNSWICK GA 31520

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	71.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	32	54.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	47.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	39.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.3	34.4	37.7
Completely bedfast residents.	2	3.4	4.2	3.4
Residents confined to chairs.	34	57.6	45.6	50.8
Residents requiring restraints.	11	18.6	31.9	41.3
Confused or disoriented residents.	31	52.5	56.7	58.4
Residents with bed sores.	3	5.1	6.0	7.1
Residents receiving special skin care.	4	6.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HEALTH CENTER

Street Address: 233 CARROLLTON ST		**City and State:** BUCHANAN GA 30113	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	32.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	20	32.3	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	32.3	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	24.2	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	19.4	48.0	59.1
Residents on individually written bowel and bladder retraining program.	4	6.5	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	24.2	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	2	3.2	27.1	39.1
Residents requiring restraints.	16	25.8	20.8	31.7
Confused or disoriented residents.	60	96.8	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	2	3.2	19.6	24.0

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RESTHAVEN ICF

Street Address: 150 DEPOT ST	**City and State:** BUCHANAN GA 30113

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	72.7	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	39	70.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	45.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	52.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	30.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.6	22.1	29.3
Completely bedfast residents.	2	3.6	2.4	3.6
Residents confined to chairs.	7	12.7	27.1	39.1
Residents requiring restraints.	12	21.8	20.8	31.7
Confused or disoriented residents.	37	67.3	57.1	55.8
Residents with bed sores.	1	1.8	2.9	4.7
Residents receiving special skin care.	4	7.3	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION MEMORIAL NH

Street Address: HWY 41 N BOX 197		**City and State:** BUENA VISTA GA 31803	
Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	35	70.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	72.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	66.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	34.4	37.7
Completely bedfast residents.	1	2.0	4.2	3.4
Residents confined to chairs.	37	74.0	45.6	50.8
Residents requiring restraints.	24	48.0	31.9	41.3
Confused or disoriented residents.	35	70.0	56.7	58.4
Residents with bed sores.	12	24.0	6.0	7.1
Residents receiving special skin care.	11	22.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUFORD MANOR NH

Street Address: 2451 PEACHTREE INDUSTRIAL BLVD	**City and State:** BUFORD GA 30518

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	87.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	101	87.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	101	87.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	87.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	80.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	41.7	34.4	37.7
Completely bedfast residents.	6	5.2	4.2	3.4
Residents confined to chairs.	75	65.2	45.6	50.8
Residents requiring restraints.	55	47.8	31.9	41.3
Confused or disoriented residents.	62	53.9	56.7	58.4
Residents with bed sores.	6	5.2	6.0	7.1
Residents receiving special skin care.	26	22.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEHILL NURSING CENTER

Street Address: 2ND ST BOX 263	**City and State:** BYROMVILLE GA 31007

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	55.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	76	77.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	62	63.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	61.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.5	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	38	38.8	45.6	50.8
Residents requiring restraints.	27	27.6	31.9	41.3
Confused or disoriented residents.	59	60.2	56.7	58.4
Residents with bed sores.	3	3.1	6.0	7.1
Residents receiving special skin care.	3	3.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHEROKEE NH

Street Address: 1387 US 41 N BOX 937	**City and State:** CALHOUN GA 30701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	34.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	78.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	70.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	66.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	52.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	36.4	34.4	37.7
Completely bedfast residents.	3	3.0	4.2	3.4
Residents confined to chairs.	44	44.4	45.6	50.8
Residents requiring restraints.	85	85.9	31.9	41.3
Confused or disoriented residents.	50	50.5	56.7	58.4
Residents with bed sores.	17	17.2	6.0	7.1
Residents receiving special skin care.	37	37.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GORDON HEALTH CARE CENTER

Street Address: HENDERSON BEND RD BOX 789	**City and State:** CALHOUN GA 30701

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	69.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	74.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	74.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	73.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	50.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.8	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	54	47.0	45.6	50.8
Residents requiring restraints.	42	36.5	31.9	41.3
Confused or disoriented residents.	47	40.9	56.7	58.4
Residents with bed sores.	3	2.6	6.0	7.1
Residents receiving special skin care.	4	3.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MITCHELL CONVALESCENT CENTER

Street Address: 37 ELLIS ST		**City and State:** CAMILLA GA 31730	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	97.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	26	74.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	21	60.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	54.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	62.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	10	28.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	37.1	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	19	54.3	45.6	50.8
Residents requiring restraints.	13	37.1	31.9	41.3
Confused or disoriented residents.	22	62.9	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	6	17.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTON INTERMEDIATE CARE HOME

Street Address: RT 6 BOX 18	**City and State:** CANTON GA 30114

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	85.7	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	15	42.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	57.1	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	48.6	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	62.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	17.1	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	15	42.9	27.1	39.1
Residents requiring restraints.	1	2.9	20.8	31.7
Confused or disoriented residents.	16	45.7	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	0	0.0	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COKER INTERMEDIATE CARE HOME

Street Address: 150 HOSPITAL CIRCLE		**City and State:** CANTON GA 30114	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	95.0	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	65	81.3	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	53.7	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	78.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	50.0	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.2	22.1	29.3
Completely bedfast residents.	3	3.7	2.4	3.6
Residents confined to chairs.	37	46.2	27.1	39.1
Residents requiring restraints.	25	31.3	20.8	31.7
Confused or disoriented residents.	40	50.0	57.1	55.8
Residents with bed sores.	2	2.5	2.9	4.7
Residents receiving special skin care.	13	16.2	19.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAGWELL NH

Street Address: 443 BAGWELL RD		**City and State:** CARROLLTON GA 30117	
Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	83.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	40	95.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	24	57.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	71.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	61.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	35.7	34.4	37.7
Completely bedfast residents.	1	2.4	4.2	3.4
Residents confined to chairs.	19	45.2	45.6	50.8
Residents requiring restraints.	19	45.2	31.9	41.3
Confused or disoriented residents.	34	81.0	56.7	58.4
Residents with bed sores.	3	7.1	6.0	7.1
Residents receiving special skin care.	28	66.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLL CONVALESCENT CENTER

Street Address: 2327 N HIGHWAY 27	**City and State:** CARROLLTON GA 30117

Participation: MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 0	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	43.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	90	57.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	45.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	60.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	32.9	34.4	37.7
Completely bedfast residents.	3	1.9	4.2	3.4
Residents confined to chairs.	64	40.5	45.6	50.8
Residents requiring restraints.	45	28.5	31.9	41.3
Confused or disoriented residents.	84	53.2	56.7	58.4
Residents with bed sores.	12	7.6	6.0	7.1
Residents receiving special skin care.	10	6.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLLTON MANOR

Street Address: 2465 OAK GROVE RD	**City and State:** CARROLLTON GA 30117

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	12	46.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	10	38.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	92.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	23.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	11.5	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	3	11.5	45.6	50.8
Residents requiring restraints.	1	3.8	31.9	41.3
Confused or disoriented residents.	0	0.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	5	19.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE KNOLL NH

Street Address: PO BOX 189	**City and State:** CARROLLTON GA 30117

Participation: MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	98	81.0	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	80.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	69.4	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	84.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	55.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	44.6	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	64	52.9	45.6	50.8
Residents requiring restraints.	42	34.7	31.9	41.3
Confused or disoriented residents.	46	38.0	56.7	58.4
Residents with bed sores.	2	1.7	6.0	7.1
Residents receiving special skin care.	32	26.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGDALE CONVALESCENT CENTER

Street Address: 78 OPAL ST		**City and State:** CARTERSVILLE GA 30120	
Participation: MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	90.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	101	86.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	97	82.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	63.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.3	34.4	37.7
Completely bedfast residents.	18	15.4	4.2	3.4
Residents confined to chairs.	46	39.3	45.6	50.8
Residents requiring restraints.	26	22.2	31.9	41.3
Confused or disoriented residents.	64	54.7	56.7	58.4
Residents with bed sores.	3	2.6	6.0	7.1
Residents receiving special skin care.	6	5.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility'' column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDARTOWN HEALTH CARE

Street Address: 148 CASON ROAD	**City and State:** CEDARTOWN GA 30125

Participation: MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	84.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	66.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	56.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	55.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	23.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	34.5	34.4	37.7
Completely bedfast residents.	4	3.5	4.2	3.4
Residents confined to chairs.	60	53.1	45.6	50.8
Residents requiring restraints.	41	36.3	31.9	41.3
Confused or disoriented residents.	74	65.5	56.7	58.4
Residents with bed sores.	8	7.1	6.0	7.1
Residents receiving special skin care.	10	8.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POLK CO NH

Street Address: 225 PHILPOT ST	**City and State:** CEDARTOWN GA 30125

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	96.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	94.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	96	96.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	96.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	60.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	60.0	34.4	37.7
Completely bedfast residents.	9	9.0	4.2	3.4
Residents confined to chairs.	43	43.0	45.6	50.8
Residents requiring restraints.	42	42.0	31.9	41.3
Confused or disoriented residents.	56	56.0	56.7	58.4
Residents with bed sores.	6	6.0	6.0	7.1
Residents receiving special skin care.	2	2.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATSWORTH HEALTH CARE CENTER

Street Address: PO BOX 126		**City and State:** CHATSWORTH GA 30705	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 8	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	79.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	79.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	75.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	75.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	64.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.7	34.4	37.7
Completely bedfast residents.	11	9.5	4.2	3.4
Residents confined to chairs.	45	38.8	45.6	50.8
Residents requiring restraints.	40	34.5	31.9	41.3
Confused or disoriented residents.	70	60.3	56.7	58.4
Residents with bed sores.	20	17.2	6.0	7.1
Residents receiving special skin care.	50	43.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAXTON NH

Street Address: 700 E LONG ST BOX 712	**City and State:** CLAXTON GA 30417

Participation: MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	81.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	80.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	62.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	65.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	67.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.3	34.4	37.7
Completely bedfast residents.	8	9.2	4.2	3.4
Residents confined to chairs.	34	39.1	45.6	50.8
Residents requiring restraints.	34	39.1	31.9	41.3
Confused or disoriented residents.	62	71.3	56.7	58.4
Residents with bed sores.	3	3.4	6.0	7.1
Residents receiving special skin care.	23	26.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW CONVALESCENT CENTER INC

Street Address: WARWOMAN ROAD		**City and State:** CLAYTON GA 30525	
Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	88.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	79	73.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	66.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	54.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	33.3	34.4	37.7
Completely bedfast residents.	6	5.6	4.2	3.4
Residents confined to chairs.	46	42.6	45.6	50.8
Residents requiring restraints.	36	33.3	31.9	41.3
Confused or disoriented residents.	59	54.6	56.7	58.4
Residents with bed sores.	4	3.7	6.0	7.1
Residents receiving special skin care.	12	11.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSS ROADS ICF

Street Address: RT 2 HWY 129 S		**City and State:** CLEVELAND GA 30528	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	69.2	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	41	78.8	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	61.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	42.3	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	38.5	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	14	26.9	27.1	39.1
Residents requiring restraints.	17	32.7	20.8	31.7
Confused or disoriented residents.	22	42.3	57.1	55.8
Residents with bed sores.	3	5.8	2.9	4.7
Residents receiving special skin care.	4	7.7	19.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP NH

Street Address: HIGHWAY 129 S BOX 1020	**City and State:** CLEVELAND GA 30528

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	78.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	65	78.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	59.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	68.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	61.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.8	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	23	27.7	45.6	50.8
Residents requiring restraints.	26	31.3	31.9	41.3
Confused or disoriented residents.	49	59.0	56.7	58.4
Residents with bed sores.	6	7.2	6.0	7.1
Residents receiving special skin care.	8	9.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYANT NURSING CENTER

Street Address: 6TH ST BOX 476	**City and State:** COCHRAN GA 31014

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	86.5	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	75.7	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	64.9	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	83.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	47.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	16.2	34.4	37.7
Completely bedfast residents.	5	6.8	4.2	3.4
Residents confined to chairs.	39	52.7	45.6	50.8
Residents requiring restraints.	25	33.8	31.9	41.3
Confused or disoriented residents.	15	20.3	56.7	58.4
Residents with bed sores.	2	2.7	6.0	7.1
Residents receiving special skin care.	7	9.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLEGE PARK INTERMEDIATE CARE HOME

Street Address: 1765 TEMPLE AVE		**City and State:** COLLEGE PARK GA 30337	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	80.8	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	88	88.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	43.4	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	49.5	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	57.6	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	13.1	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	12	12.1	27.1	39.1
Residents requiring restraints.	12	12.1	20.8	31.7
Confused or disoriented residents.	53	53.5	57.1	55.8
Residents with bed sores.	6	6.1	2.9	4.7
Residents receiving special skin care.	15	15.2	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER NH

Street Address: 206 GRACE ST	**City and State:** COLQUITT GA 31737

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	89.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	84.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	61.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	48.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	62.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	18.1	34.4	37.7
Completely bedfast residents.	6	7.2	4.2	3.4
Residents confined to chairs.	41	49.4	45.6	50.8
Residents requiring restraints.	16	19.3	31.9	41.3
Confused or disoriented residents.	40	48.2	56.7	58.4
Residents with bed sores.	5	6.0	6.0	7.1
Residents receiving special skin care.	2	2.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS HEALTH CARE CENTER

Street Address: 5131 WARM SPRINGS RD BOX 7068	**City and State:** COLUMBUS GA 31908

Participation: MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	**Medicare Residents:** 0	**Medicaid Residents:** 193

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	75.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	164	81.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	146	72.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	64.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	54.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	31.3	34.4	37.7
Completely bedfast residents.	2	1.0	4.2	3.4
Residents confined to chairs.	105	52.2	45.6	50.8
Residents requiring restraints.	71	35.3	31.9	41.3
Confused or disoriented residents.	109	54.2	56.7	58.4
Residents with bed sores.	11	5.5	6.0	7.1
Residents receiving special skin care.	48	23.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON HOUSE NURSING CENTER

Street Address: 1911 HAMILTON RD		**City and State:** COLUMBUS GA 31904	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	75.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	80.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	58.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	58.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	60.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	28.2	34.4	37.7
Completely bedfast residents.	3	2.4	4.2	3.4
Residents confined to chairs.	54	43.5	45.6	50.8
Residents requiring restraints.	32	25.8	31.9	41.3
Confused or disoriented residents.	88	71.0	56.7	58.4
Residents with bed sores.	4	3.2	6.0	7.1
Residents receiving special skin care.	22	17.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL ARTS HLTH FACILITY OF COLUMBUS

Street Address: 910 TALBOTTON RD		**City and State:** COLUMBUS GA 31995	
Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	98.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	89	81.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	72.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	82.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	56.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	7	6.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	24.8	34.4	37.7
Completely bedfast residents.	2	1.8	4.2	3.4
Residents confined to chairs.	4	3.7	45.6	50.8
Residents requiring restraints.	38	34.9	31.9	41.3
Confused or disoriented residents.	26	23.9	56.7	58.4
Residents with bed sores.	14	12.8	6.0	7.1
Residents receiving special skin care.	4	3.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUSCOGEE MANOR

Street Address: 7150 MANOR RD	**City and State:** COLUMBUS GA 31995

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 242	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 234	**Medicare Residents:** 0	**Medicaid Residents:** 182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	202	86.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	206	88.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	157	67.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	160	68.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	92	39.3	34.4	37.7
Completely bedfast residents.	7	3.0	4.2	3.4
Residents confined to chairs.	127	54.3	45.6	50.8
Residents requiring restraints.	98	41.9	31.9	41.3
Confused or disoriented residents.	150	64.1	56.7	58.4
Residents with bed sores.	9	3.8	6.0	7.1
Residents receiving special skin care.	16	6.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MANOR NH

Street Address: 2010 WARM SPRINGS RD	**City and State:** COLUMBUS GA 31995

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 210	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 204	**Medicare Residents:** 9	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	181	88.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	192	94.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	177	86.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	92.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	160	78.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	101	49.5	34.4	37.7
Completely bedfast residents.	4	2.0	4.2	3.4
Residents confined to chairs.	30	14.7	45.6	50.8
Residents requiring restraints.	13	6.4	31.9	41.3
Confused or disoriented residents.	110	53.9	56.7	58.4
Residents with bed sores.	37	18.1	6.0	7.1
Residents receiving special skin care.	21	10.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE MANOR NURSING HOME INC

Street Address: 2000 WARM SPRINGS RD	**City and State:** COLUMBUS GA 31904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 0	**Medicaid Residents:** 127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	82.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	143	86.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	119	72.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	76.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	69.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	41.8	34.4	37.7
Completely bedfast residents.	16	9.7	4.2	3.4
Residents confined to chairs.	88	53.3	45.6	50.8
Residents requiring restraints.	76	46.1	31.9	41.3
Confused or disoriented residents.	70	42.4	56.7	58.4
Residents with bed sores.	17	10.3	6.0	7.1
Residents receiving special skin care.	94	57.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMER HEALTH CARE

Street Address: 200 PAOLI RD		**City and State:** COMER GA 30629	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	87.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	68.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	11	11.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	40.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	62	62.6	45.6	50.8
Residents requiring restraints.	46	46.5	31.9	41.3
Confused or disoriented residents.	42	42.4	56.7	58.4
Residents with bed sores.	7	7.1	6.0	7.1
Residents receiving special skin care.	10	10.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BANKS-JACKSON-COMMERCE NH

Street Address: 655 HOSPITAL RD		**City and State:** COMMERCE GA 30529	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	90.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	97.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	58	80.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	72.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	33.3	34.4	37.7
Completely bedfast residents.	1	1.4	4.2	3.4
Residents confined to chairs.	46	63.9	45.6	50.8
Residents requiring restraints.	55	76.4	31.9	41.3
Confused or disoriented residents.	64	88.9	56.7	58.4
Residents with bed sores.	3	4.2	6.0	7.1
Residents receiving special skin care.	6	8.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STARCREST OF CONYERS

Street Address: 1420 MILSTEAD ROAD	**City and State:** CONYERS GA 30207

Participation: MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	89.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	140	81.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	172	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	63.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	47.1	34.4	37.7
Completely bedfast residents.	6	3.5	4.2	3.4
Residents confined to chairs.	102	59.3	45.6	50.8
Residents requiring restraints.	66	38.4	31.9	41.3
Confused or disoriented residents.	124	72.1	56.7	58.4
Residents with bed sores.	4	2.3	6.0	7.1
Residents receiving special skin care.	62	36.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORDELE ROYAL CARE CTR

Street Address: 902 BLACKSHEAR RD	**City and State:** CORDELE GA 31015

Participation: MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	70.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	97	68.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	62.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	71.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	71.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	29.8	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	84	59.6	45.6	50.8
Residents requiring restraints.	45	31.9	31.9	41.3
Confused or disoriented residents.	80	56.7	56.7	58.4
Residents with bed sores.	5	3.5	6.0	7.1
Residents receiving special skin care.	24	17.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRISP CO MED NURSING CTR

Street Address: 1106 NO 4TH AVE		**City and State:** CORDELE GA 31015	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	77.9	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	68.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	53.7	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	52.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	50.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	61.1	34.4	37.7
Completely bedfast residents.	1	1.1	4.2	3.4
Residents confined to chairs.	55	57.9	45.6	50.8
Residents requiring restraints.	31	32.6	31.9	41.3
Confused or disoriented residents.	60	63.2	56.7	58.4
Residents with bed sores.	6	6.3	6.0	7.1
Residents receiving special skin care.	1	1.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVINGTON MANOR NURSING HOME

Street Address: 4148 CARROLL ST	**City and State:** COVINGTON GA 30209

Participation: MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	90.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	53.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	30	42.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	47.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	29.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	7.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	8	11.3	45.6	50.8
Residents requiring restraints.	8	11.3	31.9	41.3
Confused or disoriented residents.	23	32.4	56.7	58.4
Residents with bed sores.	1	1.4	6.0	7.1
Residents receiving special skin care.	3	4.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE MEDICAL OF COVINGTON

Street Address: 5100 WEST ST		**City and State:** COVINGTON GA 30209	
Participation: MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	72.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	77	61.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	54.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	54.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	51.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.2	34.4	37.7
Completely bedfast residents.	1	0.8	4.2	3.4
Residents confined to chairs.	55	43.7	45.6	50.8
Residents requiring restraints.	34	27.0	31.9	41.3
Confused or disoriented residents.	70	55.6	56.7	58.4
Residents with bed sores.	6	4.8	6.0	7.1
Residents receiving special skin care.	38	30.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUIET OAKS HEALTH CARE

Street Address: PO BOX 613 OGLETHORPE ST	**City and State:** CRAWFORD GA 30330

Participation: MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	3	75.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	2	50.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	2	50.0	45.6	50.8
Residents requiring restraints.	0	0.0	31.9	41.3
Confused or disoriented residents.	2	50.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUMMING CONVALESCENT HOME

Street Address: 111 W MAIN ST	**City and State:** CUMMING GA 30130

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	42	87.5	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	37	77.1	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	22.1	29.3
Completely bedfast residents.	1	2.1	2.4	3.6
Residents confined to chairs.	15	31.3	27.1	39.1
Residents requiring restraints.	10	20.8	20.8	31.7
Confused or disoriented residents.	15	31.3	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	9	18.8	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANIER NH

Street Address: 125 SAMARITAN DRIVE	**City and State:** CUMMING GA 30130

Participation: MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	71.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	62.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	61.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	55.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	37.1	34.4	37.7
Completely bedfast residents.	10	7.1	4.2	3.4
Residents confined to chairs.	67	47.9	45.6	50.8
Residents requiring restraints.	39	27.9	31.9	41.3
Confused or disoriented residents.	63	45.0	56.7	58.4
Residents with bed sores.	6	4.3	6.0	7.1
Residents receiving special skin care.	140	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOE ANNE BURGIN NH

Street Address: 203 RANDOLPH ST		**City and State:** CUTHBERT GA 31740	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	63.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	79.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	74.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	68.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	59.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	14	17.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	29.1	34.4	37.7
Completely bedfast residents.	1	1.3	4.2	3.4
Residents confined to chairs.	44	55.7	45.6	50.8
Residents requiring restraints.	20	25.3	31.9	41.3
Confused or disoriented residents.	40	50.6	56.7	58.4
Residents with bed sores.	3	3.8	6.0	7.1
Residents receiving special skin care.	79	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLD CITY CONVALESCENT CENTER

Street Address: PO BOX 96	**City and State:** DAHLONEGA GA 30533

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	97.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	84	82.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	77.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	64.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	43.1	34.4	37.7
Completely bedfast residents.	7	6.9	4.2	3.4
Residents confined to chairs.	11	10.8	45.6	50.8
Residents requiring restraints.	41	40.2	31.9	41.3
Confused or disoriented residents.	70	68.6	56.7	58.4
Residents with bed sores.	3	2.9	6.0	7.1
Residents receiving special skin care.	9	8.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAULDING MEDICAL NURSING UNIT

Street Address: 600 W MEMORIAL DR	**City and State:** DALLAS GA 30132

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	77.2	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	82.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	78.7	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	79.4	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	71.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	20	14.7	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	36.8	34.4	37.7
Completely bedfast residents.	24	17.6	4.2	3.4
Residents confined to chairs.	52	38.2	45.6	50.8
Residents requiring restraints.	32	23.5	31.9	41.3
Confused or disoriented residents.	67	49.3	56.7	58.4
Residents with bed sores.	7	5.1	6.0	7.1
Residents receiving special skin care.	13	9.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUINTON MEMORIAL HEALTH CARE CENTER

Street Address: 1114 BURLEYSON DR		**City and State:** DALTON GA 30720	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	54.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	90	75.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	62.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	58.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	34.5	34.4	37.7
Completely bedfast residents.	9	7.6	4.2	3.4
Residents confined to chairs.	52	43.7	45.6	50.8
Residents requiring restraints.	13	10.9	31.9	41.3
Confused or disoriented residents.	60	50.4	56.7	58.4
Residents with bed sores.	3	2.5	6.0	7.1
Residents receiving special skin care.	25	21.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD MANOR

Street Address: 1110 BURLEYSON DRIVE	**City and State:** DALTON GA 30320

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	93.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	88	85.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	65.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	68.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	71.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	31.1	34.4	37.7
Completely bedfast residents.	10	9.7	4.2	3.4
Residents confined to chairs.	37	35.9	45.6	50.8
Residents requiring restraints.	23	22.3	31.9	41.3
Confused or disoriented residents.	72	69.9	56.7	58.4
Residents with bed sores.	7	6.8	6.0	7.1
Residents receiving special skin care.	61	59.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD DALE HEALTH CARE CENTER

Street Address: 1102 BURLEYSON DR		**City and State:** DALTON GA 30720	
Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	91.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	85.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	66.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	75.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	75.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	48.1	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	67	62.0	45.6	50.8
Residents requiring restraints.	52	48.1	31.9	41.3
Confused or disoriented residents.	82	75.9	56.7	58.4
Residents with bed sores.	12	11.1	6.0	7.1
Residents receiving special skin care.	26	24.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAWSON MANOR

Street Address: 1159 GEORGIA AVE S E BOX 607		**City and State:** DAWSON GA 31742	
Participation: MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	94.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	94.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	58.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	54.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	52.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	28.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	28	37.8	45.6	50.8
Residents requiring restraints.	17	23.0	31.9	41.3
Confused or disoriented residents.	73	98.6	56.7	58.4
Residents with bed sores.	10	13.5	6.0	7.1
Residents receiving special skin care.	74	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTH CARE CENTER

Street Address: 2722 N DECATUR RD		**City and State:** DECATUR GA 30033	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 141	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	75.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	93	80.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	71.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	71.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	46.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	44.0	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	50	43.1	45.6	50.8
Residents requiring restraints.	32	27.6	31.9	41.3
Confused or disoriented residents.	77	66.4	56.7	58.4
Residents with bed sores.	5	4.3	6.0	7.1
Residents receiving special skin care.	11	9.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATLANTACARE CONVALESCENT CENTER

Street Address: 304 5TH AVE	**City and State:** DECATUR GA 30030

Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	43.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	69.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	48.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	50.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	41.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.4	34.4	37.7
Completely bedfast residents.	3	3.1	4.2	3.4
Residents confined to chairs.	43	43.9	45.6	50.8
Residents requiring restraints.	8	8.2	31.9	41.3
Confused or disoriented residents.	48	49.0	56.7	58.4
Residents with bed sores.	9	9.2	6.0	7.1
Residents receiving special skin care.	9	9.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT CENTER NH

Street Address: 2787 N DECATUR RD		**City and State:** DECATUR GA 30030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	97.2	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	97.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	91.7	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	84.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	100	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	44.4	34.4	37.7
Completely bedfast residents.	7	9.7	4.2	3.4
Residents confined to chairs.	64	88.9	45.6	50.8
Residents requiring restraints.	22	30.6	31.9	41.3
Confused or disoriented residents.	51	70.8	56.7	58.4
Residents with bed sores.	13	18.1	6.0	7.1
Residents receiving special skin care.	40	55.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEKALB GENERAL NH

Street Address: 2701 N DECATUR RD	**City and State:** DECATUR GA 30033

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 6	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	81.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	45	91.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	34.4	37.7
Completely bedfast residents.	6	12.2	4.2	3.4
Residents confined to chairs.	27	55.1	45.6	50.8
Residents requiring restraints.	17	34.7	31.9	41.3
Confused or disoriented residents.	23	46.9	56.7	58.4
Residents with bed sores.	2	4.1	6.0	7.1
Residents receiving special skin care.	9	18.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD MANOR

Street Address: 4115 GLENWOOD RD	**City and State:** DECATUR GA 30032

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 0	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	50.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	138	84.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	141	86.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	73.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	63.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	9	5.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	33.7	34.4	37.7
Completely bedfast residents.	3	1.8	4.2	3.4
Residents confined to chairs.	134	82.2	45.6	50.8
Residents requiring restraints.	40	24.5	31.9	41.3
Confused or disoriented residents.	74	45.4	56.7	58.4
Residents with bed sores.	12	7.4	6.0	7.1
Residents receiving special skin care.	53	32.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARVEST HEIGHTS

Street Address: 3200 PANTHERSVILLE ROAD	**City and State:** DECATUR GA 30034

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 146	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	81.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	117	80.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	112	76.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	70.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	70.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	15	10.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	27.4	34.4	37.7
Completely bedfast residents.	1	0.7	4.2	3.4
Residents confined to chairs.	69	47.3	45.6	50.8
Residents requiring restraints.	49	33.6	31.9	41.3
Confused or disoriented residents.	81	55.5	56.7	58.4
Residents with bed sores.	9	6.2	6.0	7.1
Residents receiving special skin care.	51	34.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HABERSHAM HOME

Street Address: HWY 441 S BOX 37	**City and State:** DEMOREST GA 30535

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	73	89.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	62	75.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	45.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	75.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	50.0	34.4	37.7
Completely bedfast residents.	5	6.1	4.2	3.4
Residents confined to chairs.	53	64.6	45.6	50.8
Residents requiring restraints.	32	39.0	31.9	41.3
Confused or disoriented residents.	53	64.6	56.7	58.4
Residents with bed sores.	8	9.8	6.0	7.1
Residents receiving special skin care.	32	39.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEMINOLE MANOR

Street Address: 100 FLORENCE CIRCLE BOX 1006	**City and State:** DONALSONVILLE GA 31745

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	62	PROPRIETARY	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	50.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	36	60.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	26	43.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	58.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	19	31.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	3.3	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	15	25.0	45.6	50.8
Residents requiring restraints.	3	5.0	31.9	41.3
Confused or disoriented residents.	17	28.3	56.7	58.4
Residents with bed sores.	4	6.7	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEMINOLE MANOR

Street Address: 100 FLORENCE CIRCLE BOX 1006	**City and State:** DONALSONVILLE GA 31745

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	60.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	33	56.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	34.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	31.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	39.7	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.5	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	15	25.9	27.1	39.1
Residents requiring restraints.	6	10.3	20.8	31.7
Confused or disoriented residents.	16	27.6	57.1	55.8
Residents with bed sores.	1	1.7	2.9	4.7
Residents receiving special skin care.	3	5.2	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY ACRES CONVALESCENT CENTER

Street Address: 1310 W GORDON ST BOX 1059	**City and State:** DOUGLAS GA 31533

Participation: MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	95.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	84	92.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	76.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	59.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	8	8.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	38.5	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	61	67.0	45.6	50.8
Residents requiring restraints.	35	38.5	31.9	41.3
Confused or disoriented residents.	84	92.3	56.7	58.4
Residents with bed sores.	1	1.1	6.0	7.1
Residents receiving special skin care.	91	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN TERRACE NH

Street Address: 4028 HWY 5	**City and State:** DOUGLASVILLE GA 30134

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 246	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 237	**Medicare Residents:** 5	**Medicaid Residents:** 180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	81.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	175	73.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	169	71.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	66.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	223	94.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	31.6	34.4	37.7
Completely bedfast residents.	17	7.2	4.2	3.4
Residents confined to chairs.	136	57.4	45.6	50.8
Residents requiring restraints.	110	46.4	31.9	41.3
Confused or disoriented residents.	127	53.6	56.7	58.4
Residents with bed sores.	12	5.1	6.0	7.1
Residents receiving special skin care.	50	21.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUBLINAIR NH

Street Address: PO BOX 966		**City and State:** DUBLIN GA 31040	
Participation: MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	76.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	110	75.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	102	69.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	65.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	61.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	7	4.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	33.6	34.4	37.7
Completely bedfast residents.	3	2.1	4.2	3.4
Residents confined to chairs.	86	58.9	45.6	50.8
Residents requiring restraints.	43	29.5	31.9	41.3
Confused or disoriented residents.	82	56.2	56.7	58.4
Residents with bed sores.	17	11.6	6.0	7.1
Residents receiving special skin care.	19	13.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAURENS CO CONVALESCENT CTR INC

Street Address: SIMMONS ST BOX 549		**City and State:** DUBLIN GA 31021	
Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
129	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	47.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	77.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	52.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	37.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	27.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	17.1	34.4	37.7
Completely bedfast residents.	9	7.0	4.2	3.4
Residents confined to chairs.	30	23.3	45.6	50.8
Residents requiring restraints.	26	20.2	31.9	41.3
Confused or disoriented residents.	106	82.2	56.7	58.4
Residents with bed sores.	5	3.9	6.0	7.1
Residents receiving special skin care.	9	7.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHAMROCK HEALTH CARE

Street Address: 1634 TELFAIR ST	**City and State:** DUBLIN GA 31021

Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	89.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	84	79.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	60.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	66.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	46.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	39.6	34.4	37.7
Completely bedfast residents.	10	9.4	4.2	3.4
Residents confined to chairs.	42	39.6	45.6	50.8
Residents requiring restraints.	28	26.4	31.9	41.3
Confused or disoriented residents.	47	44.3	56.7	58.4
Residents with bed sores.	6	5.7	6.0	7.1
Residents receiving special skin care.	32	30.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BONTERRA NURSING CENTER

Street Address: 2801 FELTON DRIVE	**City and State:** EAST POINT GA 30344

Participation: MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	64.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	81	71.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	55.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	64.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	22.8	34.4	37.7
Completely bedfast residents.	7	6.1	4.2	3.4
Residents confined to chairs.	65	57.0	45.6	50.8
Residents requiring restraints.	34	29.8	31.9	41.3
Confused or disoriented residents.	92	80.7	56.7	58.4
Residents with bed sores.	4	3.5	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEART OF GA NH

Street Address: PO BOX 493	**City and State:** EASTMAN GA 31023

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	89.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	83	87.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	66.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	49.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.8	34.4	37.7
Completely bedfast residents.	10	10.5	4.2	3.4
Residents confined to chairs.	35	36.8	45.6	50.8
Residents requiring restraints.	33	34.7	31.9	41.3
Confused or disoriented residents.	39	41.1	56.7	58.4
Residents with bed sores.	8	8.4	6.0	7.1
Residents receiving special skin care.	2	2.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLE GA NH

Street Address: CHESTER RD BOX 159	**City and State:** EASTMAN GA 31023

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	100	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	85.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	87.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	64.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	61.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	34.1	34.4	37.7
Completely bedfast residents.	2	2.2	4.2	3.4
Residents confined to chairs.	40	44.0	45.6	50.8
Residents requiring restraints.	23	25.3	31.9	41.3
Confused or disoriented residents.	55	60.4	56.7	58.4
Residents with bed sores.	7	7.7	6.0	7.1
Residents receiving special skin care.	12	13.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY HEALTH CARE CENTER

Street Address: HWY 16 E		**City and State:** EATONTON GA 31024	
Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	95.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	83	93.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	68.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	68.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	55.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	46	51.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	59.6	34.4	37.7
Completely bedfast residents.	7	7.9	4.2	3.4
Residents confined to chairs.	37	41.6	45.6	50.8
Residents requiring restraints.	28	31.5	31.9	41.3
Confused or disoriented residents.	49	55.1	56.7	58.4
Residents with bed sores.	6	6.7	6.0	7.1
Residents receiving special skin care.	46	51.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALHOUN NH

Street Address: 205 S TURNER ST BOX 387	**City and State:** EDISON GA 31746

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	88.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	41	69.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	79.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	81.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	44.1	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	30	50.8	45.6	50.8
Residents requiring restraints.	24	40.7	31.9	41.3
Confused or disoriented residents.	33	55.9	56.7	58.4
Residents with bed sores.	5	8.5	6.0	7.1
Residents receiving special skin care.	12	20.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARDMONT HEALTH CARE CENTER

Street Address: ROUTE 6 BOX 249		**City and State:** ELBERTON GA 30635	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	86.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	48	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	65.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	56.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	5.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	43.3	34.4	37.7
Completely bedfast residents.	3	5.0	4.2	3.4
Residents confined to chairs.	28	46.7	45.6	50.8
Residents requiring restraints.	21	35.0	31.9	41.3
Confused or disoriented residents.	39	65.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NANCY HART INTERMEDIATE CARE HOME

Street Address: PO BOX 753	**City and State:** ELBERTON GA 30635

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	82.4	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	38	55.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	38.2	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	63.2	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	42.6	48.0	59.1
Residents on individually written bowel and bladder retraining program.	7	10.3	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	8.8	22.1	29.3
Completely bedfast residents.	2	2.9	2.4	3.6
Residents confined to chairs.	29	42.6	27.1	39.1
Residents requiring restraints.	5	7.4	20.8	31.7
Confused or disoriented residents.	37	54.4	57.1	55.8
Residents with bed sores.	2	2.9	2.9	4.7
Residents receiving special skin care.	5	7.4	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING VALLEY HEALTH CARE CENTER

Street Address: 651 RHODES DR	**City and State:** ELBERTON GA 30635

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	95.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	76.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	71.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	24	40.0	45.6	50.8
Residents requiring restraints.	12	20.0	31.9	41.3
Confused or disoriented residents.	42	70.0	56.7	58.4
Residents with bed sores.	4	6.7	6.0	7.1
Residents receiving special skin care.	28	46.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GILMER NH

Street Address: JASPER HWY S BOX 346	**City and State:** ELLIJAY GA 30540

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	53.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	77.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	31	63.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	63.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	67.3	34.4	37.7
Completely bedfast residents.	6	12.2	4.2	3.4
Residents confined to chairs.	25	51.0	45.6	50.8
Residents requiring restraints.	11	22.4	31.9	41.3
Confused or disoriented residents.	19	38.8	56.7	58.4
Residents with bed sores.	3	6.1	6.0	7.1
Residents receiving special skin care.	4	8.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANS HEALTH CARE

Street Address: NORTH BELAIR ROAD	**City and State:** EVANS GA 30809

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	84.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	47	90.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	67.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	57.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	17	32.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	71.2	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	29	55.8	45.6	50.8
Residents requiring restraints.	14	26.9	31.9	41.3
Confused or disoriented residents.	36	69.2	56.7	58.4
Residents with bed sores.	2	3.8	6.0	7.1
Residents receiving special skin care.	37	71.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY HOSP- ECF

Street Address: 655 N BELAIR RD	**City and State:** EVANS GA 30809

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 2	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	96.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	32	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	31	96.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	96.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	59.4	34.4	37.7
Completely bedfast residents.	7	21.9	4.2	3.4
Residents confined to chairs.	27	84.4	45.6	50.8
Residents requiring restraints.	4	12.5	31.9	41.3
Confused or disoriented residents.	9	28.1	56.7	58.4
Residents with bed sores.	8	25.0	6.0	7.1
Residents receiving special skin care.	32	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRBURN HEALTH CARE CENTER

Street Address: 178 W CAMPBELLTON ST	**City and State:** FAIRBURN GA 30213

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 2	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	73.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	79	70.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	52.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	53.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	36	32.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	25.0	34.4	37.7
Completely bedfast residents.	2	1.8	4.2	3.4
Residents confined to chairs.	46	41.1	45.6	50.8
Residents requiring restraints.	41	36.6	31.9	41.3
Confused or disoriented residents.	39	34.8	56.7	58.4
Residents with bed sores.	6	5.4	6.0	7.1
Residents receiving special skin care.	15	13.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FITZGERALD NH

Street Address: RT 1 BOX 22		**City and State:** FITZGERALD GA 31750	
Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	67.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	88.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	62.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	64.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	63.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	14	18.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	32.5	34.4	37.7
Completely bedfast residents.	2	2.6	4.2	3.4
Residents confined to chairs.	13	16.9	45.6	50.8
Residents requiring restraints.	18	23.4	31.9	41.3
Confused or disoriented residents.	43	55.8	56.7	58.4
Residents with bed sores.	3	3.9	6.0	7.1
Residents receiving special skin care.	42	54.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFE CARE CENTER

Street Address: LINCOLN AVE 1289	**City and State:** FITZGERALD GA 31750

Participation: MEDICAID SNF/ICF	**# of Beds:** 167	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 0	**Medicaid Residents:** 141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	86.6	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	83.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	73.2	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	64.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	72.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	34.4	34.4	37.7
Completely bedfast residents.	1	0.6	4.2	3.4
Residents confined to chairs.	66	42.0	45.6	50.8
Residents requiring restraints.	30	19.1	31.9	41.3
Confused or disoriented residents.	89	56.7	56.7	58.4
Residents with bed sores.	3	1.9	6.0	7.1
Residents receiving special skin care.	8	5.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLOWERY BRANCH NURSING CENTER

Street Address: CANTRELL RD BOX 640		**City and State:** FLOWERY BRANCH GA 30542	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	1	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	63.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	71.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	52.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	72.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	52.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	21.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	47	48.0	45.6	50.8
Residents requiring restraints.	33	33.7	31.9	41.3
Confused or disoriented residents.	25	25.5	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULLIS MANOR II

Street Address: 401 N OKEFENOKEE DR		**City and State:** FOLKSTON GA 31537	
Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	76.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	81.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	66.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	70.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	46.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	17.4	34.4	37.7
Completely bedfast residents.	3	3.3	4.2	3.4
Residents confined to chairs.	44	47.8	45.6	50.8
Residents requiring restraints.	29	31.5	31.9	41.3
Confused or disoriented residents.	83	90.2	56.7	58.4
Residents with bed sores.	6	6.5	6.0	7.1
Residents receiving special skin care.	44	47.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORSYTH NH

Street Address: PO BOX 1067	**City and State:** FORSYTH GA 31029

Participation: MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	63.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	69.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	62.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	77.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	43.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	28	39.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	31.0	34.4	37.7
Completely bedfast residents.	2	2.8	4.2	3.4
Residents confined to chairs.	19	26.8	45.6	50.8
Residents requiring restraints.	12	16.9	31.9	41.3
Confused or disoriented residents.	43	60.6	56.7	58.4
Residents with bed sores.	3	4.2	6.0	7.1
Residents receiving special skin care.	5	7.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NH

Street Address: RT 2 BOX 69	**City and State:** FORSYTH GA 31029

Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	58.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	59.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	50.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	67.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	46.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	31.7	34.4	37.7
Completely bedfast residents.	6	7.3	4.2	3.4
Residents confined to chairs.	29	35.4	45.6	50.8
Residents requiring restraints.	25	30.5	31.9	41.3
Confused or disoriented residents.	43	52.4	56.7	58.4
Residents with bed sores.	1	1.2	6.0	7.1
Residents receiving special skin care.	12	14.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORT GAINES NURSING HOME

Street Address: 101 HARTFORD RD BOX 160	**City and State:** FORT GAINES GA 31751

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	64.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	43	89.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	43	89.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	34.4	37.7
Completely bedfast residents.	2	4.2	4.2	3.4
Residents confined to chairs.	35	72.9	45.6	50.8
Residents requiring restraints.	12	25.0	31.9	41.3
Confused or disoriented residents.	28	58.3	56.7	58.4
Residents with bed sores.	2	4.2	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN MANOR INC

Street Address: 1160 BATTLEFIELD PARKWAY		**City and State:** FORT OGLETHORPE GA 30742	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	75.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	60	78.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	73.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	72.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	73.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	7.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	43.4	34.4	37.7
Completely bedfast residents.	3	3.9	4.2	3.4
Residents confined to chairs.	41	53.9	45.6	50.8
Residents requiring restraints.	25	32.9	31.9	41.3
Confused or disoriented residents.	39	51.3	56.7	58.4
Residents with bed sores.	2	2.6	6.0	7.1
Residents receiving special skin care.	4	5.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORT OGLETHORPE NURSING CENTER

Street Address: 528 BATTLEFIELD PARKWAY		**City and State:** FORT OGLETHORPE GA 30702	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	92.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	88	77.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	62.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	65.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	67.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	49.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	67	59.3	45.6	50.8
Residents requiring restraints.	34	30.1	31.9	41.3
Confused or disoriented residents.	66	58.4	56.7	58.4
Residents with bed sores.	1	0.9	6.0	7.1
Residents receiving special skin care.	25	22.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUTCHESON MEDICAL CENTER ECU

Street Address: 100 GROSS CRESCENT	**City and State:** FORT OGLETHORPE GA 30742

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 5	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	25	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	25	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	96.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	72.0	34.4	37.7
Completely bedfast residents.	10	40.0	4.2	3.4
Residents confined to chairs.	13	52.0	45.6	50.8
Residents requiring restraints.	11	44.0	31.9	41.3
Confused or disoriented residents.	14	56.0	56.7	58.4
Residents with bed sores.	5	20.0	6.0	7.1
Residents receiving special skin care.	1	4.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORT VALLEY HEALTH CARE CENTER

Street Address: P O BOX 1237	**City and State:** FORT VALLEY GA 31030

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	97.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	70.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	65.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	61.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	38.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	19	25.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	34.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	32	42.7	45.6	50.8
Residents requiring restraints.	13	17.3	31.9	41.3
Confused or disoriented residents.	21	28.0	56.7	58.4
Residents with bed sores.	2	2.7	6.0	7.1
Residents receiving special skin care.	33	44.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN HEALTH CARE CENTER

Street Address: S RIVER ST		**City and State:** FRANKLIN GA 30217	
Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	65.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	82.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	93.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	77.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	42.1	34.4	37.7
Completely bedfast residents.	6	7.9	4.2	3.4
Residents confined to chairs.	36	47.4	45.6	50.8
Residents requiring restraints.	12	15.8	31.9	41.3
Confused or disoriented residents.	59	77.6	56.7	58.4
Residents with bed sores.	5	6.6	6.0	7.1
Residents receiving special skin care.	30	39.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELL MINOR HOME INC

Street Address: 447 BRADFORD ST NW		**City and State:** GAINESVILLE GA 30505	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	98.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	91.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	82.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	47.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	88.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	51.8	34.4	37.7
Completely bedfast residents.	4	4.7	4.2	3.4
Residents confined to chairs.	43	50.6	45.6	50.8
Residents requiring restraints.	35	41.2	31.9	41.3
Confused or disoriented residents.	15	17.6	56.7	58.4
Residents with bed sores.	4	4.7	6.0	7.1
Residents receiving special skin care.	12	14.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMELOT CARE ICF

Street Address: RT 6	**City and State:** GAINESVILLE GA 30501

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	57.1	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	36	64.3	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	46.4	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	46.4	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	37.5	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.2	22.1	29.3
Completely bedfast residents.	5	8.9	2.4	3.6
Residents confined to chairs.	19	33.9	27.1	39.1
Residents requiring restraints.	10	17.9	20.8	31.7
Confused or disoriented residents.	23	41.1	57.1	55.8
Residents with bed sores.	1	1.8	2.9	4.7
Residents receiving special skin care.	3	5.4	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GAINESVILLE HEALTH CARE CENTER

Street Address: BOX JJ DAWSONVILLE HWY		**City and State:** GAINESVILLE GA 30501	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	93.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	95.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	80.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.8	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	60	61.2	45.6	50.8
Residents requiring restraints.	44	44.9	31.9	41.3
Confused or disoriented residents.	58	59.2	56.7	58.4
Residents with bed sores.	13	13.3	6.0	7.1
Residents receiving special skin care.	20	20.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESHORE HEIGHTS NH

Street Address: 1293 DAWSONVILLE HWY	**City and State:** GAINESVILLE GA 30503

Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	60.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	73.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	66.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	77.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	59.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	34.7	34.4	37.7
Completely bedfast residents.	9	8.9	4.2	3.4
Residents confined to chairs.	68	67.3	45.6	50.8
Residents requiring restraints.	37	36.6	31.9	41.3
Confused or disoriented residents.	66	65.3	56.7	58.4
Residents with bed sores.	6	5.9	6.0	7.1
Residents receiving special skin care.	26	25.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANIER NORTH CONVALESCENT CENTER

Street Address: 600 BEVERLY DR	**City and State:** GAINESVILLE GA 30501

Participation: MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	69.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	71.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	31	67.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	63.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	19.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	26	56.5	45.6	50.8
Residents requiring restraints.	5	10.9	31.9	41.3
Confused or disoriented residents.	20	43.5	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	5	10.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GIBSON REST HOME

Street Address: BEALL SPRINGS RD	**City and State:** GIBSON GA 30810

Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	78.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	66	65.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	66.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	64.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	42.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	11.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	20.8	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	31	30.7	45.6	50.8
Residents requiring restraints.	20	19.8	31.9	41.3
Confused or disoriented residents.	0	0.0	56.7	58.4
Residents with bed sores.	3	3.0	6.0	7.1
Residents receiving special skin care.	3	3.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENVUE NH

Street Address: 721 N MAIN ST	**City and State:** GLENNVILLE GA 30427

Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	75.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	142	88.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	113	70.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	65.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	63.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	53.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	63	39.4	45.6	50.8
Residents requiring restraints.	84	52.5	31.9	41.3
Confused or disoriented residents.	103	64.4	56.7	58.4
Residents with bed sores.	7	4.4	6.0	7.1
Residents receiving special skin care.	72	45.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONNER NH

Street Address: PO BOX 618	**City and State:** GLENWOOD GA 30428

Participation: MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	73.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	55	90.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	90.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	85.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	47.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	8	13.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.0	34.4	37.7
Completely bedfast residents.	2	3.3	4.2	3.4
Residents confined to chairs.	5	8.2	45.6	50.8
Residents requiring restraints.	11	18.0	31.9	41.3
Confused or disoriented residents.	50	82.0	56.7	58.4
Residents with bed sores.	4	6.6	6.0	7.1
Residents receiving special skin care.	12	19.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACEWOOD NH NO 9

Street Address: GRACEWOOD STATE SCHOOL HOSP	**City and State:** GRACEWOOD GA 30812

Participation: MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	53	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	96.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	100	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	5.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	100	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	50	94.3	45.6	50.8
Residents requiring restraints.	1	1.9	31.9	41.3
Confused or disoriented residents.	53	100	56.7	58.4
Residents with bed sores.	2	3.8	6.0	7.1
Residents receiving special skin care.	53	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAY NH

Street Address: DOLLY ST BOX 175	**City and State:** GRAY GA 31032

Participation: MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	72.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	45	77.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	62.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	53.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.9	34.4	37.7
Completely bedfast residents.	3	5.2	4.2	3.4
Residents confined to chairs.	17	29.3	45.6	50.8
Residents requiring restraints.	7	12.1	31.9	41.3
Confused or disoriented residents.	14	24.1	56.7	58.4
Residents with bed sores.	9	15.5	6.0	7.1
Residents receiving special skin care.	18	31.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNN HAVEN NH

Street Address: RT 1 BOX 50	**City and State:** GRAY GA 31032

Participation: MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	66.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	74	77.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	63.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	71.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	22.9	34.4	37.7
Completely bedfast residents.	4	4.2	4.2	3.4
Residents confined to chairs.	28	29.2	45.6	50.8
Residents requiring restraints.	16	16.7	31.9	41.3
Confused or disoriented residents.	54	56.3	56.7	58.4
Residents with bed sores.	5	5.2	6.0	7.1
Residents receiving special skin care.	15	15.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALVISTA INTERMEDIATE CARE HOME

Street Address: 109 BYPASS RD BOX E	**City and State:** GREENVILLE GA 30222

Participation: MEDICAID ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	86.5	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	89	80.2	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	83	74.8	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	68.5	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	73.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	46	41.4	22.1	29.3
Completely bedfast residents.	1	0.9	2.4	3.6
Residents confined to chairs.	32	28.8	27.1	39.1
Residents requiring restraints.	48	43.2	20.8	31.7
Confused or disoriented residents.	58	52.3	57.1	55.8
Residents with bed sores.	3	2.7	2.9	4.7
Residents receiving special skin care.	26	23.4	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIGHTMOOR MEDICAL CARE HOME INC

Street Address: 3224 NEWNAN ROAD	**City and State:** GRIFFIN GA 30223

Participation: MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	69.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	70.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	64.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	69.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	67.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	49.2	34.4	37.7
Completely bedfast residents.	10	7.7	4.2	3.4
Residents confined to chairs.	70	53.8	45.6	50.8
Residents requiring restraints.	52	40.0	31.9	41.3
Confused or disoriented residents.	88	67.7	56.7	58.4
Residents with bed sores.	3	2.3	6.0	7.1
Residents receiving special skin care.	58	44.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVING CENTER OF GRIFFIN

Street Address: 415 AIRPORT RD		**City and State:** GRIFFIN GA 30223	
Participation: MEDICAID SNF/ICF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
145	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	64.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	64.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	50.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	49.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	20.7	34.4	37.7
Completely bedfast residents.	3	2.1	4.2	3.4
Residents confined to chairs.	57	39.3	45.6	50.8
Residents requiring restraints.	34	23.4	31.9	41.3
Confused or disoriented residents.	88	60.7	56.7	58.4
Residents with bed sores.	5	3.4	6.0	7.1
Residents receiving special skin care.	9	6.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPALDING CONVALESCENT CENTER

Street Address: 615 NORTHSIDE DRIVE	**City and State:** GRIFFIN GA 30224

Participation: MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	58.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	56	86.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	86.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	53.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	50.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.5	34.4	37.7
Completely bedfast residents.	4	6.2	4.2	3.4
Residents confined to chairs.	31	47.7	45.6	50.8
Residents requiring restraints.	26	40.0	31.9	41.3
Confused or disoriented residents.	30	46.2	56.7	58.4
Residents with bed sores.	8	12.3	6.0	7.1
Residents receiving special skin care.	7	10.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HART CARE CENTER

Street Address: 127 FAIRVIEW AVE	**City and State:** HARTWELL GA 30643

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	85.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	104	92.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	55.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	56.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	57.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	34.5	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	68	60.2	45.6	50.8
Residents requiring restraints.	35	31.0	31.9	41.3
Confused or disoriented residents.	68	60.2	56.7	58.4
Residents with bed sores.	4	3.5	6.0	7.1
Residents receiving special skin care.	8	7.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE INN OF HARTWELL

Street Address: 108 CADE ST	**City and State:** HARTWELL GA 30643

Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	84.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	69	75.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	46	50.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	74.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	30.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.0	34.4	37.7
Completely bedfast residents.	2	2.2	4.2	3.4
Residents confined to chairs.	21	23.1	45.6	50.8
Residents requiring restraints.	31	34.1	31.9	41.3
Confused or disoriented residents.	54	59.3	56.7	58.4
Residents with bed sores.	3	3.3	6.0	7.1
Residents receiving special skin care.	50	54.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEWOOD MANOR INC

Street Address: COLUMBUS HWY		**City and State:** HAWKINSVILLE GA 31036	
Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	53.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	83	82.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	46.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	49.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	23.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	23.8	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	39	38.6	45.6	50.8
Residents requiring restraints.	17	16.8	31.9	41.3
Confused or disoriented residents.	51	50.5	56.7	58.4
Residents with bed sores.	1	1.0	6.0	7.1
Residents receiving special skin care.	16	15.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULLIS MANOR III

Street Address: BURKETTS PERRY RD BOX 754	**City and State:** HAZLEHURST GA 31539

Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	63.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	52	72.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	68.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	48.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	68.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	36	50.0	45.6	50.8
Residents requiring restraints.	28	38.9	31.9	41.3
Confused or disoriented residents.	48	66.7	56.7	58.4
Residents with bed sores.	4	5.6	6.0	7.1
Residents receiving special skin care.	50	69.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWNS CO NH

Street Address:	**City and State:**
MAIN ST BOX 394	HIAWASSEE GA 30546

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	LOCAL GOVERNMENT	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	93.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	23	79.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	75.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	6.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	65.5	34.4	37.7
Completely bedfast residents.	1	3.4	4.2	3.4
Residents confined to chairs.	14	48.3	45.6	50.8
Residents requiring restraints.	9	31.0	31.9	41.3
Confused or disoriented residents.	11	37.9	56.7	58.4
Residents with bed sores.	1	3.4	6.0	7.1
Residents receiving special skin care.	14	48.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAMILY LIFE ENRICHMENT CTR

Street Address: HIGH SHOALS RD BOX 37A	**City and State:** HIGH SHOALS GA 30645

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 4	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	96.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	89	91.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	64.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	66.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	41.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.7	34.4	37.7
Completely bedfast residents.	9	9.3	4.2	3.4
Residents confined to chairs.	55	56.7	45.6	50.8
Residents requiring restraints.	35	36.1	31.9	41.3
Confused or disoriented residents.	58	59.8	56.7	58.4
Residents with bed sores.	6	6.2	6.0	7.1
Residents receiving special skin care.	9	9.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULLIS MANOR INC

Street Address: 410 SWEAT ST	**City and State:** HOMERVILLE GA 31634

Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	79.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	87	94.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	53	57.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	55.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.2	34.4	37.7
Completely bedfast residents.	3	3.3	4.2	3.4
Residents confined to chairs.	28	30.4	45.6	50.8
Residents requiring restraints.	20	21.7	31.9	41.3
Confused or disoriented residents.	40	43.5	56.7	58.4
Residents with bed sores.	6	6.5	6.0	7.1
Residents receiving special skin care.	6	6.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDEAL HEALTH CARE CENTER

Street Address: 201 POPLAR ST BOX 120	**City and State:** IDEAL GA 31041

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	50.0	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	65.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	50.0	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	42.9	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	12.2	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	20.4	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	33	33.7	45.6	50.8
Residents requiring restraints.	19	19.4	31.9	41.3
Confused or disoriented residents.	73	74.5	56.7	58.4
Residents with bed sores.	6	6.1	6.0	7.1
Residents receiving special skin care.	2	2.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW HEALTH CARE CENTER

Street Address: 208 S MAIN ST	**City and State:** JASPER GA 30143

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	45.5	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	21	47.7	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	45.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	25.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	15.9	22.1	29.3
Completely bedfast residents.	3	6.8	2.4	3.6
Residents confined to chairs.	8	18.2	27.1	39.1
Residents requiring restraints.	4	9.1	20.8	31.7
Confused or disoriented residents.	12	27.3	57.1	55.8
Residents with bed sores.	1	2.3	2.9	4.7
Residents receiving special skin care.	13	29.5	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKENS GENERAL NURSING CENTER

Street Address: 1319 CHURCH ST		**City and State:** JASPER GA 30143	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	55	93.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	86.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	91.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	55.9	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	38	64.4	45.6	50.8
Residents requiring restraints.	5	8.5	31.9	41.3
Confused or disoriented residents.	48	81.4	56.7	58.4
Residents with bed sores.	4	6.8	6.0	7.1
Residents receiving special skin care.	47	79.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING VALLEY HEALTH CARE CENTER

Street Address: SPRING VALLEY DR BOX 1308	**City and State:** JEFFERSONVILLE GA 31046

Participation: MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	68.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	37	55.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	26	38.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	44.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	22.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	7.5	34.4	37.7
Completely bedfast residents.	1	1.5	4.2	3.4
Residents confined to chairs.	19	28.4	45.6	50.8
Residents requiring restraints.	7	10.4	31.9	41.3
Confused or disoriented residents.	23	34.3	56.7	58.4
Residents with bed sores.	3	4.5	6.0	7.1
Residents receiving special skin care.	1	1.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTBURY NH

Street Address: MAPLE DR BOX 38	**City and State:** JENKINSBURG GA 30234

Participation: MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	**Medicare Residents:** 0	**Medicaid Residents:** 176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	60.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	132	68.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	117	60.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	72.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	51.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	34.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	78	40.6	45.6	50.8
Residents requiring restraints.	55	28.6	31.9	41.3
Confused or disoriented residents.	75	39.1	56.7	58.4
Residents with bed sores.	11	5.7	6.0	7.1
Residents receiving special skin care.	62	32.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTAMAHA CONVALESCENT CENTER

Street Address: 1311 W CHERRY STREET		**City and State:** JESUP GA 31545	
Participation: MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	91.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	48	78.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	65.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	65.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	65.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	20	32.8	45.6	50.8
Residents requiring restraints.	13	21.3	31.9	41.3
Confused or disoriented residents.	29	47.5	56.7	58.4
Residents with bed sores.	3	4.9	6.0	7.1
Residents receiving special skin care.	4	6.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JESUP MANOR NURSING CENTER

Street Address: 1090 W ORANGE ST BOX 917		**City and State:** JESUP GA 31545	
Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	83.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	72	83.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	73.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	73.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	83.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	57.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	56	65.1	45.6	50.8
Residents requiring restraints.	46	53.5	31.9	41.3
Confused or disoriented residents.	58	67.4	56.7	58.4
Residents with bed sores.	12	14.0	6.0	7.1
Residents receiving special skin care.	4	4.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JESUP REST AWHILE NH

Street Address: HIGHWAY 301 BOX 827	**City and State:** JESUP GA 31545

Participation: MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	87.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	64	90.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	71.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	93.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	87.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	66.2	34.4	37.7
Completely bedfast residents.	5	7.0	4.2	3.4
Residents confined to chairs.	37	52.1	45.6	50.8
Residents requiring restraints.	29	40.8	31.9	41.3
Confused or disoriented residents.	53	74.6	56.7	58.4
Residents with bed sores.	7	9.9	6.0	7.1
Residents receiving special skin care.	14	19.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARROWHEAD NURSING CENTER

Street Address: 239 ARROWHEAD BOULEVARD		**City and State:** JONESBORO GA 30236	
Participation: MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	70.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	72.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	68.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	64.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	64.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.9	34.4	37.7
Completely bedfast residents.	2	1.8	4.2	3.4
Residents confined to chairs.	63	57.3	45.6	50.8
Residents requiring restraints.	54	49.1	31.9	41.3
Confused or disoriented residents.	67	60.9	56.7	58.4
Residents with bed sores.	5	4.5	6.0	7.1
Residents receiving special skin care.	10	9.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY GROVE REST HOME

Street Address: RT 4 BOX 84	**City and State:** KENNESAW GA 30144

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	24	80.0	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	76.7	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	76.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	73.3	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	33.3	22.1	29.3
Completely bedfast residents.	5	16.7	2.4	3.6
Residents confined to chairs.	13	43.3	27.1	39.1
Residents requiring restraints.	9	30.0	20.8	31.7
Confused or disoriented residents.	30	100	57.1	55.8
Residents with bed sores.	1	3.3	2.9	4.7
Residents receiving special skin care.	30	100	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEYSVILLE CONVALESCENT NURSING CENTER

Street Address: PO BOX 277		**City and State:** KEYSVILLE GA 30816	
Participation: MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	96.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	49	76.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	65.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	59.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	53.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	17	26.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	40.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	30	46.9	45.6	50.8
Residents requiring restraints.	2	3.1	31.9	41.3
Confused or disoriented residents.	42	65.6	56.7	58.4
Residents with bed sores.	3	4.7	6.0	7.1
Residents receiving special skin care.	64	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE HEALTH CARE INC

Street Address: ROUTE 4 BOX 4	**City and State:** LAFAYETTE GA 30728

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	64.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	64.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	56.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	16.0	34.4	37.7
Completely bedfast residents.	2	2.0	4.2	3.4
Residents confined to chairs.	47	47.0	45.6	50.8
Residents requiring restraints.	36	36.0	31.9	41.3
Confused or disoriented residents.	51	51.0	56.7	58.4
Residents with bed sores.	5	5.0	6.0	7.1
Residents receiving special skin care.	6	6.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEPHERD HILLS HEALTH CARE CENTER

Street Address: 800 PATTERSON RD		**City and State:** LAFAYETTE GA 30728	
Participation: MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	80.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	91	88.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	68.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	65.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	59.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	29.1	34.4	37.7
Completely bedfast residents.	2	1.9	4.2	3.4
Residents confined to chairs.	51	49.5	45.6	50.8
Residents requiring restraints.	37	35.9	31.9	41.3
Confused or disoriented residents.	81	78.6	56.7	58.4
Residents with bed sores.	3	2.9	6.0	7.1
Residents receiving special skin care.	22	21.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLORENCE HAND HOME SNF

Street Address: 200 MEDICAL DRIVE	**City and State:** LAGRANGE GA 30240

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT PRIVATE	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	70.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	113	75.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	56.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	66.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	50.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	28.0	34.4	37.7
Completely bedfast residents.	16	10.7	4.2	3.4
Residents confined to chairs.	73	48.7	45.6	50.8
Residents requiring restraints.	39	26.0	31.9	41.3
Confused or disoriented residents.	81	54.0	56.7	58.4
Residents with bed sores.	9	6.0	6.0	7.1
Residents receiving special skin care.	50	33.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAGRANGE HEALTH CARE CENTER

Street Address: PO BOX 280	**City and State:** LAGRANGE GA 30240

Participation: MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	83.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	112	81.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	105	76.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	89.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	67.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	34.3	34.4	37.7
Completely bedfast residents.	3	2.2	4.2	3.4
Residents confined to chairs.	80	58.4	45.6	50.8
Residents requiring restraints.	42	30.7	31.9	41.3
Confused or disoriented residents.	80	58.4	56.7	58.4
Residents with bed sores.	14	10.2	6.0	7.1
Residents receiving special skin care.	12	8.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEGRO OLD FOLKS HOME INC

Street Address: 609 UNION ST	**City and State:** LAGRANGE GA 30240

Participation: MEDICAID ICF	**# of Beds:** 12	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	50.0	71.3	78.3
Dressing				
Residents requiring some or total assistance in dressing.	7	58.3	67.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	16.7	49.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	50.0	52.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	16.7	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	8.3	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	1	8.3	27.1	39.1
Residents requiring restraints.	2	16.7	20.8	31.7
Confused or disoriented residents.	5	41.7	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	1	8.3	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL ELAINE ICF

Street Address: 2110 HOGANSVILLE RD BOX 1346	**City and State:** LAGRANGE GA 30240

Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	53.8	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	60	56.6	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	50.9	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	54.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	55.7	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	30.2	22.1	29.3
Completely bedfast residents.	2	1.9	2.4	3.6
Residents confined to chairs.	49	46.2	27.1	39.1
Residents requiring restraints.	43	40.6	20.8	31.7
Confused or disoriented residents.	48	45.3	57.1	55.8
Residents with bed sores.	8	7.5	2.9	4.7
Residents receiving special skin care.	7	6.6	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE CITY HEALTH CARE CENTER NH

Street Address: 2055 REX RD BOX 728	**City and State:** LAKE CITY GA 30252

Participation: MEDICAID SNF/ICF	**# of Beds:** 242	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 242	**Medicare Residents:** 0	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	213	88.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	207	85.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	149	61.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	41.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.2	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	31.8	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	102	42.1	45.6	50.8
Residents requiring restraints.	60	24.8	31.9	41.3
Confused or disoriented residents.	116	47.9	56.7	58.4
Residents with bed sores.	12	5.0	6.0	7.1
Residents receiving special skin care.	12	5.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND VILLA CONVALESCENT CENTER

Street Address: 888 W THIGPEN AVE BOX 86	**City and State:** LAKELAND GA 31635

Participation: MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	67.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	40	67.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	61.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	33.9	34.4	37.7
Completely bedfast residents.	4	6.8	4.2	3.4
Residents confined to chairs.	23	39.0	45.6	50.8
Residents requiring restraints.	17	28.8	31.9	41.3
Confused or disoriented residents.	30	50.8	56.7	58.4
Residents with bed sores.	7	11.9	6.0	7.1
Residents receiving special skin care.	27	45.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL ARTS HEALTH FACILITY

Street Address: 213 SCENIC HIGHWAY	**City and State:** LAWRENCEVILLE GA 30245

Participation: MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	95.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	81.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	64.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	63.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	55.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	35.8	34.4	37.7
Completely bedfast residents.	5	4.1	4.2	3.4
Residents confined to chairs.	70	56.9	45.6	50.8
Residents requiring restraints.	40	32.5	31.9	41.3
Confused or disoriented residents.	104	84.6	56.7	58.4
Residents with bed sores.	8	6.5	6.0	7.1
Residents receiving special skin care.	15	12.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LILBURN HEALTH CARE CENTER

Street Address: 788 INDIAN TRAIL RD	**City and State:** LILBURN GA 30247

Participation: MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	88.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	122	80.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	107	70.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	68.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	68.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	28.3	34.4	37.7
Completely bedfast residents.	3	2.0	4.2	3.4
Residents confined to chairs.	82	53.9	45.6	50.8
Residents requiring restraints.	57	37.5	31.9	41.3
Confused or disoriented residents.	98	64.5	56.7	58.4
Residents with bed sores.	14	9.2	6.0	7.1
Residents receiving special skin care.	54	35.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLD CAPITAL INN NURSING CONV HOME

Street Address: PO BOX 32	**City and State:** LOUISVILLE GA 30434

Participation: MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	56.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	39	58.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	65.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	65.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	35.8	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	37	55.2	45.6	50.8
Residents requiring restraints.	33	49.3	31.9	41.3
Confused or disoriented residents.	24	35.8	56.7	58.4
Residents with bed sores.	4	6.0	6.0	7.1
Residents receiving special skin care.	5	7.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUMBER CITY HEALTH CARE CENTER

Street Address: HWY 19 BOX 188	**City and State:** LUMBER CITY GA 31549

Participation: MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	86.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	69	90.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	89.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	65.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	65.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	23.7	34.4	37.7
Completely bedfast residents.	2	2.6	4.2	3.4
Residents confined to chairs.	47	61.8	45.6	50.8
Residents requiring restraints.	14	18.4	31.9	41.3
Confused or disoriented residents.	53	69.7	56.7	58.4
Residents with bed sores.	3	3.9	6.0	7.1
Residents receiving special skin care.	2	2.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOOMBS NURSING INTERMEDIATE CARE HOME

Street Address: 100 OXLEY DR		**City and State:** LYONS GA 30436	
Participation: MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	84.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	109	75.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	86	59.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	56.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	24.3	34.4	37.7
Completely bedfast residents.	9	6.3	4.2	3.4
Residents confined to chairs.	64	44.4	45.6	50.8
Residents requiring restraints.	42	29.2	31.9	41.3
Confused or disoriented residents.	65	45.1	56.7	58.4
Residents with bed sores.	7	4.9	6.0	7.1
Residents receiving special skin care.	28	19.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEL ARBOR HEALTH CARE FACILITY

Street Address: 3468 NAPIER AVE	**City and State:** MACON GA 31204

Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	31.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	107	87.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	107	87.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	78.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	64.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	39.0	34.4	37.7
Completely bedfast residents.	3	2.4	4.2	3.4
Residents confined to chairs.	28	22.8	45.6	50.8
Residents requiring restraints.	52	42.3	31.9	41.3
Confused or disoriented residents.	99	80.5	56.7	58.4
Residents with bed sores.	11	8.9	6.0	7.1
Residents receiving special skin care.	51	41.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMFIELD NH

Street Address: 3520 KENNETH DR	**City and State:** MACON GA 31206

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	63.2	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	64	73.6	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	54	62.1	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	49.4	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	47.1	48.0	59.1
Residents on individually written bowel and bladder retraining program.	10	11.5	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.6	22.1	29.3
Completely bedfast residents.	1	1.1	2.4	3.6
Residents confined to chairs.	17	19.5	27.1	39.1
Residents requiring restraints.	8	9.2	20.8	31.7
Confused or disoriented residents.	45	51.7	57.1	55.8
Residents with bed sores.	4	4.6	2.9	4.7
Residents receiving special skin care.	7	8.0	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS: STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON COVE CONVALESCENT CENTER

Street Address: 1060 CLINTON RD

City and State: MACON GA 31211

Participation: MEDICAID SNF/ICF

# of Beds: 122

Type of Ownership: PROPRIETARY

Survey Date: 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117

Medicare Residents: 0

Medicaid Residents: 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	61.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	72.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	59.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	67.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	53.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	29.1	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	59	50.4	45.6	50.8
Residents requiring restraints.	21	17.9	31.9	41.3
Confused or disoriented residents.	71	60.7	56.7	58.4
Residents with bed sores.	6	5.1	6.0	7.1
Residents receiving special skin care.	9	7.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTVIEW NH

Street Address: 3020 JEFFERSONVILLE RD	**City and State:** MACON GA 31298

Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	76.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	63.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	61.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	60.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	60.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	60.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	59	64.8	45.6	50.8
Residents requiring restraints.	26	28.6	31.9	41.3
Confused or disoriented residents.	53	58.2	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	16	17.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOODWILL NH

Street Address: 4373 HOUSTON AVE	**City and State:** MACON GA 31206

Participation: MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 0	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	98.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	146	93.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	131	83.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	87.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	43.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	28.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	57	36.3	45.6	50.8
Residents requiring restraints.	42	26.8	31.9	41.3
Confused or disoriented residents.	63	40.1	56.7	58.4
Residents with bed sores.	13	8.3	6.0	7.1
Residents receiving special skin care.	44	28.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER OF MACON

Street Address: 505 COLISEUM DR	**City and State:** MACON GA 31201

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	54.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	80.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	80.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	80.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	91.3	34.4	37.7
Completely bedfast residents.	8	8.7	4.2	3.4
Residents confined to chairs.	65	70.7	45.6	50.8
Residents requiring restraints.	55	59.8	31.9	41.3
Confused or disoriented residents.	62	67.4	56.7	58.4
Residents with bed sores.	6	6.5	6.0	7.1
Residents receiving special skin care.	7	7.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MACON HEALTH CARE CENTER

Street Address: 3051 WHITESIDE RD	**City and State:** MACON GA 31297

Participation: MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	75.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	106	76.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	96	69.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	73.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	56.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	56.1	34.4	37.7
Completely bedfast residents.	7	5.0	4.2	3.4
Residents confined to chairs.	36	25.9	45.6	50.8
Residents requiring restraints.	23	16.5	31.9	41.3
Confused or disoriented residents.	102	73.4	56.7	58.4
Residents with bed sores.	8	5.8	6.0	7.1
Residents receiving special skin care.	18	12.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL NH

Street Address: 1509 CEDAR AVE	**City and State:** MACON GA 31204

Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	78.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	63.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	18	27.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	21.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	21.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	9.1	34.4	37.7
Completely bedfast residents.	2	3.0	4.2	3.4
Residents confined to chairs.	9	13.6	45.6	50.8
Residents requiring restraints.	2	3.0	31.9	41.3
Confused or disoriented residents.	23	34.8	56.7	58.4
Residents with bed sores.	5	7.6	6.0	7.1
Residents receiving special skin care.	4	6.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH MACON HEALTH CARE FACILITY

Street Address: 2255 ANTHONY ROAD		**City and State:** MACON GA 30204	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 228	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 221	**Medicare Residents:** 2	**Medicaid Residents:** 215

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	69.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	148	67.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	99	44.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	57.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	53.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	21.7	34.4	37.7
Completely bedfast residents.	5	2.3	4.2	3.4
Residents confined to chairs.	42	19.0	45.6	50.8
Residents requiring restraints.	27	12.2	31.9	41.3
Confused or disoriented residents.	132	59.7	56.7	58.4
Residents with bed sores.	22	10.0	6.0	7.1
Residents receiving special skin care.	14	6.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK VALLEY NH

Street Address: 2795 FINNY CIRCLE	**City and State:** MACON GA 31201

Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	91.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	63.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	58	49.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	67.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	57.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	36.4	34.4	37.7
Completely bedfast residents.	11	9.3	4.2	3.4
Residents confined to chairs.	30	25.4	45.6	50.8
Residents requiring restraints.	18	15.3	31.9	41.3
Confused or disoriented residents.	15	12.7	56.7	58.4
Residents with bed sores.	10	8.5	6.0	7.1
Residents receiving special skin care.	5	4.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING CTR OF MACON

Street Address: RT 1 PATE RD		**City and State:** MACON GA 31210	
Participation: MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	52.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	76.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	47.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	41.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	39.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.0	34.4	37.7
Completely bedfast residents.	2	1.9	4.2	3.4
Residents confined to chairs.	22	21.2	45.6	50.8
Residents requiring restraints.	23	22.1	31.9	41.3
Confused or disoriented residents.	59	56.7	56.7	58.4
Residents with bed sores.	5	4.8	6.0	7.1
Residents receiving special skin care.	6	5.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CTR OF MADISON

Street Address: PO BOX 228		**City and State:** MADISON GA 30650	
Participation: MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	75.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	67.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	63.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	84.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	63.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	29.2	34.4	37.7
Completely bedfast residents.	1	1.5	4.2	3.4
Residents confined to chairs.	28	43.1	45.6	50.8
Residents requiring restraints.	27	41.5	31.9	41.3
Confused or disoriented residents.	28	43.1	56.7	58.4
Residents with bed sores.	10	15.4	6.0	7.1
Residents receiving special skin care.	36	55.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 4360 JOHNSON FERRY PLACE	**City and State:** MARIETTA GA 30068

Participation: MEDICARE SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	92.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	90.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	83.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	85.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	80.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	14.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.8	34.4	37.7
Completely bedfast residents.	5	6.0	4.2	3.4
Residents confined to chairs.	51	61.4	45.6	50.8
Residents requiring restraints.	18	21.7	31.9	41.3
Confused or disoriented residents.	61	73.5	56.7	58.4
Residents with bed sores.	27	32.5	6.0	7.1
Residents receiving special skin care.	14	16.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN BREEZE NH

Street Address: 1480 SANDTOWN RD		**City and State:** MARIETTA GA 30060	
Participation: MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	75.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	89	70.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	72.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	58.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	67.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	18.3	34.4	37.7
Completely bedfast residents.	9	7.1	4.2	3.4
Residents confined to chairs.	41	32.5	45.6	50.8
Residents requiring restraints.	41	32.5	31.9	41.3
Confused or disoriented residents.	75	59.5	56.7	58.4
Residents with bed sores.	9	7.1	6.0	7.1
Residents receiving special skin care.	17	13.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN REHAB AND CONV CENTER

Street Address: 26 TOWER RD	**City and State:** MARIETTA GA 30060

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 7	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	87.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	124	89.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	118	84.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	89.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	84.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	38.8	34.4	37.7
Completely bedfast residents.	8	5.8	4.2	3.4
Residents confined to chairs.	96	69.1	45.6	50.8
Residents requiring restraints.	80	57.6	31.9	41.3
Confused or disoriented residents.	89	64.0	56.7	58.4
Residents with bed sores.	16	11.5	6.0	7.1
Residents receiving special skin care.	61	43.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIETTA HEALTH CARE CENTER

Street Address: 85 SAINE RD SW	**City and State:** MARIETTA GA 30060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 3	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	72.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	66.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	92.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	26.5	34.4	37.7
Completely bedfast residents.	3	2.6	4.2	3.4
Residents confined to chairs.	72	61.5	45.6	50.8
Residents requiring restraints.	51	43.6	31.9	41.3
Confused or disoriented residents.	87	74.4	56.7	58.4
Residents with bed sores.	3	2.6	6.0	7.1
Residents receiving special skin care.	20	17.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOREHAM CONVALESCENT CENTER

Street Address: 811 KENNESAW AVE		**City and State:** MARIETTA GA 30060	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	1	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	97.4	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	86.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	50.9	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	62.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	16.4	34.4	37.7
Completely bedfast residents.	4	3.4	4.2	3.4
Residents confined to chairs.	63	54.3	45.6	50.8
Residents requiring restraints.	40	34.5	31.9	41.3
Confused or disoriented residents.	62	53.4	56.7	58.4
Residents with bed sores.	4	3.4	6.0	7.1
Residents receiving special skin care.	28	24.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE OAKS NH

Street Address: RT 1	**City and State:** MARSHALLVILLE GA 31057

Participation: MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	38	79.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	29	60.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	25	52.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	37.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	43.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.8	34.4	37.7
Completely bedfast residents.	2	4.2	4.2	3.4
Residents confined to chairs.	13	27.1	45.6	50.8
Residents requiring restraints.	13	27.1	31.9	41.3
Confused or disoriented residents.	25	52.1	56.7	58.4
Residents with bed sores.	1	2.1	6.0	7.1
Residents receiving special skin care.	12	25.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORREST LAKE MANOR

Street Address: 409 PLEASANT HOME ROAD	**City and State:** MARTINEZ GA 30907

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	86.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	84	95.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	88.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	70.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	63.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	28.4	34.4	37.7
Completely bedfast residents.	1	1.1	4.2	3.4
Residents confined to chairs.	68	77.3	45.6	50.8
Residents requiring restraints.	40	45.5	31.9	41.3
Confused or disoriented residents.	59	67.0	56.7	58.4
Residents with bed sores.	6	6.8	6.0	7.1
Residents receiving special skin care.	8	9.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STARCREST OF MCDONOUGH

Street Address: 198 HAMPTON ST		**City and State:** MCDONOUGH GA 30253	
Participation: MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
201	0	201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	75.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	156	77.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	121	60.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	56.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	57.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	26.9	34.4	37.7
Completely bedfast residents.	7	3.5	4.2	3.4
Residents confined to chairs.	77	38.3	45.6	50.8
Residents requiring restraints.	66	32.8	31.9	41.3
Confused or disoriented residents.	80	39.8	56.7	58.4
Residents with bed sores.	16	8.0	6.0	7.1
Residents receiving special skin care.	17	8.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCRAE MANOR

Street Address: 1104 S 1ST ST	**City and State:** MCRAE GA 31055

Participation: MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	48.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	65.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	64.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	61.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	48.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	28.5	34.4	37.7
Completely bedfast residents.	2	1.5	4.2	3.4
Residents confined to chairs.	31	23.8	45.6	50.8
Residents requiring restraints.	37	28.5	31.9	41.3
Confused or disoriented residents.	42	32.3	56.7	58.4
Residents with bed sores.	4	3.1	6.0	7.1
Residents receiving special skin care.	30	23.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METTER NH

Street Address: 300 CEDAR RD BOX 356	**City and State:** METTER GA 30439

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	73	83.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	78.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	65.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	67.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	56.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	6.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	34.4	37.7
Completely bedfast residents.	4	4.6	4.2	3.4
Residents confined to chairs.	25	28.7	45.6	50.8
Residents requiring restraints.	9	10.3	31.9	41.3
Confused or disoriented residents.	50	57.5	56.7	58.4
Residents with bed sores.	5	5.7	6.0	7.1
Residents receiving special skin care.	48	55.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW HEALTH CARE CENTER INC

Street Address: 303 ANDERSON ST BOX 576		**City and State:** METTER GA 30439	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	79.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	71.1	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	48.2	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	28.1	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	41.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	5.3	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	26.3	34.4	37.7
Completely bedfast residents.	2	1.8	4.2	3.4
Residents confined to chairs.	34	29.8	45.6	50.8
Residents requiring restraints.	16	14.0	31.9	41.3
Confused or disoriented residents.	69	60.5	56.7	58.4
Residents with bed sores.	7	6.1	6.0	7.1
Residents receiving special skin care.	3	2.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIBERTY MANOR

Street Address: HWY 17 N BOX 270	**City and State:** MIDWAY GA 31320

Participation: MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	75.6	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	78.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	134	85.9	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	86.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	70.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	32.7	34.4	37.7
Completely bedfast residents.	24	15.4	4.2	3.4
Residents confined to chairs.	84	53.8	45.6	50.8
Residents requiring restraints.	33	21.2	31.9	41.3
Confused or disoriented residents.	101	64.7	56.7	58.4
Residents with bed sores.	12	7.7	6.0	7.1
Residents receiving special skin care.	18	11.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPLINWOOD NH

Street Address: 325 ALLEN MEMORIAL DR	**City and State:** MILLEDGEVILLE GA 31061

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	59.4	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	76.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	66.7	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	87.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	60.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	42.7	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	38	39.6	45.6	50.8
Residents requiring restraints.	19	19.8	31.9	41.3
Confused or disoriented residents.	29	30.2	56.7	58.4
Residents with bed sores.	4	4.2	6.0	7.1
Residents receiving special skin care.	7	7.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES INC

Street Address: 313 ALLEN MEMORIAL DR SW		**City and State:** MILLEDGEVILLE GA 31061	
Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	57.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	58.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	40.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	37.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	40.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	15.4	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	14	15.4	45.6	50.8
Residents requiring restraints.	6	6.6	31.9	41.3
Confused or disoriented residents.	50	54.9	56.7	58.4
Residents with bed sores.	1	1.1	6.0	7.1
Residents receiving special skin care.	13	14.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NH CTR 1 BOONE BLDG

Street Address: CENTRAL ST HOSP ALLEN RD	**City and State:** MILLEDGEVILLE GA 31062

Participation: MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	72	96.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	93.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	90.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	86.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	88.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	68.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	67	89.3	45.6	50.8
Residents requiring restraints.	1	1.3	31.9	41.3
Confused or disoriented residents.	75	100	56.7	58.4
Residents with bed sores.	2	2.7	6.0	7.1
Residents receiving special skin care.	75	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING CENTER

Street Address: VINSON RD CENTRAL STATE HOSP	**City and State:** MILLEDGEVILLE GA 31062

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	71	97.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	97.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	97.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	97.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	69.9	34.4	37.7
Completely bedfast residents.	11	15.1	4.2	3.4
Residents confined to chairs.	62	84.9	45.6	50.8
Residents requiring restraints.	68	93.2	31.9	41.3
Confused or disoriented residents.	70	95.9	56.7	58.4
Residents with bed sores.	14	19.2	6.0	7.1
Residents receiving special skin care.	73	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME FOR MEN

Street Address: GRAY ST EXTENSION BOX 600	**City and State:** MILLEN GA 30442

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	93.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	61	64.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	37.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	44.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	35.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.2	34.4	37.7
Completely bedfast residents.	11	11.7	4.2	3.4
Residents confined to chairs.	17	18.1	45.6	50.8
Residents requiring restraints.	5	5.3	31.9	41.3
Confused or disoriented residents.	76	80.9	56.7	58.4
Residents with bed sores.	7	7.4	6.0	7.1
Residents receiving special skin care.	23	24.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOLENA INTERMEDIATE CARE HOME

Street Address: PO BOX 397		**City and State:** MOLENA GA 30258	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	33	68.8	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	41.7	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	2	4.2	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.2	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	14	29.2	27.1	39.1
Residents requiring restraints.	9	18.8	20.8	31.7
Confused or disoriented residents.	43	89.6	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	1	2.1	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE ICF

Street Address: ROUTE 3 BOX 46	**City and State:** MONROE GA 30655

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	86.7	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	63	64.3	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	42.9	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	29.6	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	45.9	48.0	59.1
Residents on individually written bowel and bladder retraining program.	5	5.1	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	8.2	22.1	29.3
Completely bedfast residents.	8	8.2	2.4	3.6
Residents confined to chairs.	26	26.5	27.1	39.1
Residents requiring restraints.	32	32.7	20.8	31.7
Confused or disoriented residents.	97	99.0	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	34	34.7	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALTON CO HOSP- CONVALESCENT WING

Street Address: 330 ALCOVA ST		**City and State:** MONROE GA 30655	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	2	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	78.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	82.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	34.4	37.7
Completely bedfast residents.	6	12.0	4.2	3.4
Residents confined to chairs.	28	56.0	45.6	50.8
Residents requiring restraints.	16	32.0	31.9	41.3
Confused or disoriented residents.	20	40.0	56.7	58.4
Residents with bed sores.	3	6.0	6.0	7.1
Residents receiving special skin care.	12	24.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEZUMA NH

Street Address: 521 SUMTER ST	**City and State:** MONTEZUMA GA 31063

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	72.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	65.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	57.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	44.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	67.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	43	44.8	45.6	50.8
Residents requiring restraints.	36	37.5	31.9	41.3
Confused or disoriented residents.	60	62.5	56.7	58.4
Residents with bed sores.	3	3.1	6.0	7.1
Residents receiving special skin care.	3	3.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE RETREAT NH

Street Address: 898 COLLEGE ST	**City and State:** MONTICELLO GA 31064

Participation: MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	31.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	35	79.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	24	54.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	86.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	27.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	34.1	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	3	6.8	45.6	50.8
Residents requiring restraints.	7	15.9	31.9	41.3
Confused or disoriented residents.	18	40.9	56.7	58.4
Residents with bed sores.	2	4.5	6.0	7.1
Residents receiving special skin care.	3	6.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNWOOD N H INC

Street Address: 233 SUNSET CIRCLE BOX 2010		**City and State:** MOULTRIE GA 31776	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	77.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	77	77.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	66.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	66.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	53.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	57.6	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	65	65.7	45.6	50.8
Residents requiring restraints.	43	43.4	31.9	41.3
Confused or disoriented residents.	43	43.4	56.7	58.4
Residents with bed sores.	4	4.0	6.0	7.1
Residents receiving special skin care.	28	28.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOULTRIE REST AWHILE NH INC

Street Address: 2015 1ST AV SE BOX 1823		**City and State:** MOULTRIE GA 31768	
Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	86.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	57	83.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	38	55.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	55.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	52.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	32.4	34.4	37.7
Completely bedfast residents.	7	10.3	4.2	3.4
Residents confined to chairs.	14	20.6	45.6	50.8
Residents requiring restraints.	11	16.2	31.9	41.3
Confused or disoriented residents.	38	55.9	56.7	58.4
Residents with bed sores.	2	2.9	6.0	7.1
Residents receiving special skin care.	32	47.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST AWHILE NH OF MOULTRIE

Street Address: 422 5TH AVE SE	**City and State:** MOULTRIE GA 31768

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	59	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	96.6	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	71.2	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	67.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	40.7	34.4	37.7
Completely bedfast residents.	1	1.7	4.2	3.4
Residents confined to chairs.	18	30.5	45.6	50.8
Residents requiring restraints.	27	45.8	31.9	41.3
Confused or disoriented residents.	43	72.9	56.7	58.4
Residents with bed sores.	3	5.1	6.0	7.1
Residents receiving special skin care.	3	5.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRISE NH OF GA INC

Street Address: 2709 S MAIN ST		**City and State:** MOULTRIE GA 31768	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	91.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	73.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	70.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	68.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	71.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.0	34.4	37.7
Completely bedfast residents.	1	1.7	4.2	3.4
Residents confined to chairs.	20	33.3	45.6	50.8
Residents requiring restraints.	22	36.7	31.9	41.3
Confused or disoriented residents.	22	36.7	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	26	43.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERRIEN NURSING CTR INC

Street Address: 704 N DAVIS ST	**City and State:** NASHVILLE GA 31639

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	90.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	81.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	75.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	77.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	59.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	10	18.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.7	34.4	37.7
Completely bedfast residents.	2	3.7	4.2	3.4
Residents confined to chairs.	13	24.1	45.6	50.8
Residents requiring restraints.	25	46.3	31.9	41.3
Confused or disoriented residents.	43	79.6	56.7	58.4
Residents with bed sores.	5	9.3	6.0	7.1
Residents receiving special skin care.	36	66.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEAULIEU CONVALESCENT CENTER

Street Address: 244 E BROAD ST BOX 40		**City and State:** NEWNAN GA 30264	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	88.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	95	96.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	84.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	84.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	40.8	34.4	37.7
Completely bedfast residents.	7	7.1	4.2	3.4
Residents confined to chairs.	48	49.0	45.6	50.8
Residents requiring restraints.	69	70.4	31.9	41.3
Confused or disoriented residents.	66	67.3	56.7	58.4
Residents with bed sores.	6	6.1	6.0	7.1
Residents receiving special skin care.	25	25.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWNAN HEALTH CARE CTR

Street Address: 120 SPRING ST	**City and State:** NEWNAN GA 30263

Participation: MEDICAID ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	79.4	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	55	80.9	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	39.7	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	80.9	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	51.5	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	10.3	22.1	29.3
Completely bedfast residents.	1	1.5	2.4	3.6
Residents confined to chairs.	25	36.8	27.1	39.1
Residents requiring restraints.	18	26.5	20.8	31.7
Confused or disoriented residents.	54	79.4	57.1	55.8
Residents with bed sores.	1	1.5	2.9	4.7
Residents receiving special skin care.	18	26.5	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OSCEOLA NH

Street Address: 8TH AND ALDER ST		**City and State:** OCILLA GA 31744	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathning				
Residents requiring some or total assistance in bathing.	76	93.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	93.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	81.5	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	81.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	38	46.9	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	29.6	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	34	42.0	45.6	50.8
Residents requiring restraints.	16	19.8	31.9	41.3
Confused or disoriented residents.	78	96.3	56.7	58.4
Residents with bed sores.	1	1.2	6.0	7.1
Residents receiving special skin care.	48	59.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALEMON GASKINS MEMORIAL NH

Street Address: 201 W DISMUKE AV	**City and State:** OCILLA GA 31774

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	LOCAL GOVERNMENT	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	56.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	19	63.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	21	70.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	10	33.3	45.6	50.8
Residents requiring restraints.	14	46.7	31.9	41.3
Confused or disoriented residents.	25	83.3	56.7	58.4
Residents with bed sores.	1	3.3	6.0	7.1
Residents receiving special skin care.	10	33.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCONEE HEALTH CARE CENTER

Street Address: 100 RIDGEVIEW DR	**City and State:** OCONEE GA 31067

Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	86.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	42	80.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	33	63.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	53.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	63.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	34.4	37.7
Completely bedfast residents.	2	3.8	4.2	3.4
Residents confined to chairs.	16	30.8	45.6	50.8
Residents requiring restraints.	7	13.5	31.9	41.3
Confused or disoriented residents.	20	38.5	56.7	58.4
Residents with bed sores.	2	3.8	6.0	7.1
Residents receiving special skin care.	10	19.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PELHAM PARKWAY NH

Street Address: 608 DOGWOOD DR NE	**City and State:** PELHAM GA 31779

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	7.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	87	82.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	58.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	68.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	42.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	14	13.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	26.7	34.4	37.7
Completely bedfast residents.	6	5.7	4.2	3.4
Residents confined to chairs.	38	36.2	45.6	50.8
Residents requiring restraints.	41	39.0	31.9	41.3
Confused or disoriented residents.	49	46.7	56.7	58.4
Residents with bed sores.	3	2.9	6.0	7.1
Residents receiving special skin care.	24	22.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRIST SANCTIFIED HOLY CHURCH HOME

Street Address: 2470 HWY 41 N BOX 1376		**City and State:** PERRY GA 31069	
Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	90.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	87.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	27	87.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	87.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	87.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	6.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	74.2	34.4	37.7
Completely bedfast residents.	13	41.9	4.2	3.4
Residents confined to chairs.	8	25.8	45.6	50.8
Residents requiring restraints.	14	45.2	31.9	41.3
Confused or disoriented residents.	25	80.6	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	5	16.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW PERRY NH

Street Address: 500 STANLEY ST	**City and State:** PERRY GA 31069

Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	69.0	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	64.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	62.0	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	66.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	32.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	36.6	34.4	37.7
Completely bedfast residents.	3	4.2	4.2	3.4
Residents confined to chairs.	21	29.6	45.6	50.8
Residents requiring restraints.	15	21.1	31.9	41.3
Confused or disoriented residents.	24	33.8	56.7	58.4
Residents with bed sores.	2	2.8	6.0	7.1
Residents receiving special skin care.	5	7.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVIEW HEALTH CARE CENTER

Street Address: BAY STREET BOX 148	**City and State:** PINEVIEW GA 31071

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	85.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	87	85.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	73.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	62.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	53.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	40.2	34.4	37.7
Completely bedfast residents.	9	8.8	4.2	3.4
Residents confined to chairs.	18	17.6	45.6	50.8
Residents requiring restraints.	31	30.4	31.9	41.3
Confused or disoriented residents.	102	100	56.7	58.4
Residents with bed sores.	2	2.0	6.0	7.1
Residents receiving special skin care.	12	11.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLAINS NURSING CENTER INC

Street Address: 225 HOSPITAL ST BOX 366	**City and State:** PLAINS GA 31780

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	77.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	61.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	47.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	32.3	34.4	37.7
Completely bedfast residents.	7	7.1	4.2	3.4
Residents confined to chairs.	42	42.4	45.6	50.8
Residents requiring restraints.	18	18.2	31.9	41.3
Confused or disoriented residents.	65	65.7	56.7	58.4
Residents with bed sores.	8	8.1	6.0	7.1
Residents receiving special skin care.	33	33.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOSS OAKS HEALTH CARE CENTER

Street Address: 508 S ROGERS ST	**City and State:** POOLER GA 31322

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	104	87.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	76	63.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	63.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	18	15.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	23.5	34.4	37.7
Completely bedfast residents.	2	1.7	4.2	3.4
Residents confined to chairs.	45	37.8	45.6	50.8
Residents requiring restraints.	16	13.4	31.9	41.3
Confused or disoriented residents.	25	21.0	56.7	58.4
Residents with bed sores.	2	1.7	6.0	7.1
Residents receiving special skin care.	23	19.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTVIEW MEDICAL CARE HOME

Street Address: 1000 DORSET RD BOX 4134	**City and State:** PORT WENTWORTH GA 31407

Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	90	90.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	75.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	75.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	39.0	34.4	37.7
Completely bedfast residents.	3	3.0	4.2	3.4
Residents confined to chairs.	52	52.0	45.6	50.8
Residents requiring restraints.	19	19.0	31.9	41.3
Confused or disoriented residents.	60	60.0	56.7	58.4
Residents with bed sores.	3	3.0	6.0	7.1
Residents receiving special skin care.	68	68.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PULASKI NH

Street Address: COLLEGE ST BOX 118	**City and State:** PULASKI GA 30451

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	89.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	77	87.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	50.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	69.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	48.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	8	9.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	39.8	34.4	37.7
Completely bedfast residents.	1	1.1	4.2	3.4
Residents confined to chairs.	18	20.5	45.6	50.8
Residents requiring restraints.	9	10.2	31.9	41.3
Confused or disoriented residents.	57	64.8	56.7	58.4
Residents with bed sores.	4	4.5	6.0	7.1
Residents receiving special skin care.	11	12.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN HOME INC

Street Address: 1850 W SCREVEN ST BOX 407	**City and State:** QUITMAN GA 31643

Participation: MEDICAID SNF/ICF	**# of Beds:** 188	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	64.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	159	87.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	161	89.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	88.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	70.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	35.9	34.4	37.7
Completely bedfast residents.	19	10.5	4.2	3.4
Residents confined to chairs.	85	47.0	45.6	50.8
Residents requiring restraints.	32	17.7	31.9	41.3
Confused or disoriented residents.	81	44.8	56.7	58.4
Residents with bed sores.	11	6.1	6.0	7.1
Residents receiving special skin care.	62	34.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TATTNALL NURSING CARE

Street Address: MEMORIAL DR BOX 860	**City and State:** REIDSVILLE GA 30453

Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	82.6	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	84.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	84.8	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	66.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	46.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	30.4	34.4	37.7
Completely bedfast residents.	4	4.3	4.2	3.4
Residents confined to chairs.	50	54.3	45.6	50.8
Residents requiring restraints.	20	21.7	31.9	41.3
Confused or disoriented residents.	81	88.0	56.7	58.4
Residents with bed sores.	8	8.7	6.0	7.1
Residents receiving special skin care.	5	5.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE OF CLAYTON CO NH

Street Address: 315 UPPER RIVERDALE RD	**City and State:** RIVERDALE GA 30274

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	72.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	104	72.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	124	86.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	85.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	86.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	9	6.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	25.7	34.4	37.7
Completely bedfast residents.	10	6.9	4.2	3.4
Residents confined to chairs.	92	63.9	45.6	50.8
Residents requiring restraints.	42	29.2	31.9	41.3
Confused or disoriented residents.	61	42.4	56.7	58.4
Residents with bed sores.	17	11.8	6.0	7.1
Residents receiving special skin care.	29	20.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROBERTA NH

Street Address: PO BOX 146	**City and State:** ROBERTA GA 31078

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	76.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	82.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	62.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	64.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	60.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.8	34.4	37.7
Completely bedfast residents.	16	16.8	4.2	3.4
Residents confined to chairs.	12	12.6	45.6	50.8
Residents requiring restraints.	23	24.2	31.9	41.3
Confused or disoriented residents.	64	67.4	56.7	58.4
Residents with bed sores.	6	6.3	6.0	7.1
Residents receiving special skin care.	16	16.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROCKMART INTERMEDIATE CARE CENTER

Street Address: 528 HUNTER ST	**City and State:** ROCKMART GA 30153

Participation: MEDICAID ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	97.3	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	53	72.6	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	68.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	65.8	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	34.2	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.4	22.1	29.3
Completely bedfast residents.	7	9.6	2.4	3.6
Residents confined to chairs.	25	34.2	27.1	39.1
Residents requiring restraints.	0	0.0	20.8	31.7
Confused or disoriented residents.	40	54.8	57.1	55.8
Residents with bed sores.	3	4.1	2.9	4.7
Residents receiving special skin care.	3	4.1	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD PARK NH

Street Address: MORAN LAKE RD BOX 1441	**City and State:** ROME GA 30161

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 2	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	92.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	70.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	43.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.0	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	45	45.0	45.6	50.8
Residents requiring restraints.	15	15.0	31.9	41.3
Confused or disoriented residents.	19	19.0	56.7	58.4
Residents with bed sores.	15	15.0	6.0	7.1
Residents receiving special skin care.	46	46.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESWELL CONVAL CTR

Street Address: 1345 REDMOND RD		**City and State:** ROME GA 30161	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	63.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	75.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	65.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.0	34.4	37.7
Completely bedfast residents.	6	6.0	4.2	3.4
Residents confined to chairs.	45	45.0	45.6	50.8
Residents requiring restraints.	29	29.0	31.9	41.3
Confused or disoriented residents.	57	57.0	56.7	58.4
Residents with bed sores.	9	9.0	6.0	7.1
Residents receiving special skin care.	53	53.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIFTH AVENUE HEALTH CARE CENTER

Street Address: 505 N 5TH AV	**City and State:** ROME GA 30161

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	56.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	62	71.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	62.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	62.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	51.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	23.0	34.4	37.7
Completely bedfast residents.	1	1.1	4.2	3.4
Residents confined to chairs.	30	34.5	45.6	50.8
Residents requiring restraints.	17	19.5	31.9	41.3
Confused or disoriented residents.	19	21.8	56.7	58.4
Residents with bed sores.	5	5.7	6.0	7.1
Residents receiving special skin care.	16	18.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW NH

Street Address: 809 S BROAD ST	**City and State:** ROME GA 30161

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	78.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	62	62.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	62.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	54.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.3	34.4	37.7
Completely bedfast residents.	7	7.1	4.2	3.4
Residents confined to chairs.	43	43.4	45.6	50.8
Residents requiring restraints.	42	42.4	31.9	41.3
Confused or disoriented residents.	45	45.5	56.7	58.4
Residents with bed sores.	2	2.0	6.0	7.1
Residents receiving special skin care.	9	9.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGWOOD NH

Street Address: 109 HEMLOCK ST	**City and State:** ROME GA 30161

Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	92	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	69.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	54.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	31.5	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	44	47.8	45.6	50.8
Residents requiring restraints.	32	34.8	31.9	41.3
Confused or disoriented residents.	38	41.3	56.7	58.4
Residents with bed sores.	4	4.3	6.0	7.1
Residents receiving special skin care.	41	44.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN MOUNTAIN NURSING CENTER

Street Address: 2 THREE MILE RD NE BOX 1664	**City and State:** ROME GA 30162

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 3	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	89.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	72.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	94.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	70.1	34.4	37.7
Completely bedfast residents.	8	8.2	4.2	3.4
Residents confined to chairs.	66	68.0	45.6	50.8
Residents requiring restraints.	12	12.4	31.9	41.3
Confused or disoriented residents.	79	81.4	56.7	58.4
Residents with bed sores.	2	2.1	6.0	7.1
Residents receiving special skin care.	24	24.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW HEALTH CARE

Street Address: 1166 CHULIO RD		**City and State:** ROME GA 30161	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	77.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	69.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	71.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	64.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	34.2	34.4	37.7
Completely bedfast residents.	3	3.9	4.2	3.4
Residents confined to chairs.	23	30.3	45.6	50.8
Residents requiring restraints.	19	25.0	31.9	41.3
Confused or disoriented residents.	35	46.1	56.7	58.4
Residents with bed sores.	1	1.3	6.0	7.1
Residents receiving special skin care.	40	52.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSSVILLE CONVALESCENT CENTER

Street Address: 1425 MCFARLAND AVE		**City and State:** ROSSVILLE GA 30741	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 5	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	83.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	95	86.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	80.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	87.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	68.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	43.6	34.4	37.7
Completely bedfast residents.	4	3.6	4.2	3.4
Residents confined to chairs.	83	75.5	45.6	50.8
Residents requiring restraints.	41	37.3	31.9	41.3
Confused or disoriented residents.	63	57.3	56.7	58.4
Residents with bed sores.	4	3.6	6.0	7.1
Residents receiving special skin care.	5	4.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREAT OAKS NH

Street Address: 1109 GREEN DR	**City and State:** ROSWELL GA 30077

Participation: MEDICAID SNF/ICF	**# of Beds:** 268	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 224	**Medicare Residents:** 0	**Medicaid Residents:** 194

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	86.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	183	81.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	163	72.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	72.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	54.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	26.3	34.4	37.7
Completely bedfast residents.	10	4.5	4.2	3.4
Residents confined to chairs.	74	33.0	45.6	50.8
Residents requiring restraints.	81	36.2	31.9	41.3
Confused or disoriented residents.	136	60.7	56.7	58.4
Residents with bed sores.	34	15.2	6.0	7.1
Residents receiving special skin care.	72	32.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN MEMORIAL CONVALESCENT CENTER

Street Address: PO BOX 8	**City and State:** ROYSTON GA 30662

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	70.1	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	72.9	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	65.3	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	64.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	59.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	32.6	34.4	37.7
Completely bedfast residents.	4	2.8	4.2	3.4
Residents confined to chairs.	51	35.4	45.6	50.8
Residents requiring restraints.	65	45.1	31.9	41.3
Confused or disoriented residents.	87	60.4	56.7	58.4
Residents with bed sores.	7	4.9	6.0	7.1
Residents receiving special skin care.	47	32.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS CONVALESCENT CENTER

Street Address: 805 DILWORTH ST		**City and State:** SAINT MARYS GA 31558	
Participation: MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	68.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	68.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	70.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	68.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	68.7	34.4	37.7
Completely bedfast residents.	5	7.5	4.2	3.4
Residents confined to chairs.	23	34.3	45.6	50.8
Residents requiring restraints.	14	20.9	31.9	41.3
Confused or disoriented residents.	8	11.9	56.7	58.4
Residents with bed sores.	4	6.0	6.0	7.1
Residents receiving special skin care.	3	4.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE INN NH

Street Address: 2255 FREDERICA RD	**City and State:** SAINT SIMONS ISLAND GA 31522

Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	65.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	100	87.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	65.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	83.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	59.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	64	55.7	45.6	50.8
Residents requiring restraints.	53	46.1	31.9	41.3
Confused or disoriented residents.	61	53.0	56.7	58.4
Residents with bed sores.	4	3.5	6.0	7.1
Residents receiving special skin care.	22	19.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAWLINGS NH

Street Address: 111 BROOKINS AVE	**City and State:** SANDERSVILLE GA 31082

Participation: MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	82.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	89.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	40	71.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	66.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	34.4	37.7
Completely bedfast residents.	2	3.6	4.2	3.4
Residents confined to chairs.	19	33.9	45.6	50.8
Residents requiring restraints.	18	32.1	31.9	41.3
Confused or disoriented residents.	29	51.8	56.7	58.4
Residents with bed sores.	2	3.6	6.0	7.1
Residents receiving special skin care.	4	7.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SMITH MEDICAL NURSING CARE CENTER

Street Address: 501 E MCCARTY ST	**City and State:** SANDERSVILLE GA 31082

Participation: MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	74.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	70.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	38.2	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	27	49.1	45.6	50.8
Residents requiring restraints.	19	34.5	31.9	41.3
Confused or disoriented residents.	15	27.3	56.7	58.4
Residents with bed sores.	6	10.9	6.0	7.1
Residents receiving special skin care.	0	0.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON CO ECF

Street Address: 610 SPARTA RD	**City and State:** SANDERSVILLE GA 31082

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	90.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	45	90.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	82.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	74.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.0	34.4	37.7
Completely bedfast residents.	2	4.0	4.2	3.4
Residents confined to chairs.	22	44.0	45.6	50.8
Residents requiring restraints.	21	42.0	31.9	41.3
Confused or disoriented residents.	37	74.0	56.7	58.4
Residents with bed sores.	5	10.0	6.0	7.1
Residents receiving special skin care.	32	64.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATHAM NH I

Street Address: 6711 LAROCHE AVE	**City and State:** SAVANNAH GA 31406

Participation: MEDICAID SNF/ICF	**# of Beds:** 284	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 277	**Medicare Residents:** 0	**Medicaid Residents:** 233

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	62.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	191	69.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	182	65.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	68.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	52.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	19	6.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	90	32.5	34.4	37.7
Completely bedfast residents.	9	3.2	4.2	3.4
Residents confined to chairs.	108	39.0	45.6	50.8
Residents requiring restraints.	92	33.2	31.9	41.3
Confused or disoriented residents.	126	45.5	56.7	58.4
Residents with bed sores.	28	10.1	6.0	7.1
Residents receiving special skin care.	42	15.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATHAM NH II

Street Address: 6711 LAROCHE AVE	**City and State:** SAVANNAH GA 31406

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	93.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	93	93.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	9	9.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	41.0	34.4	37.7
Completely bedfast residents.	9	9.0	4.2	3.4
Residents confined to chairs.	61	61.0	45.6	50.8
Residents requiring restraints.	60	60.0	31.9	41.3
Confused or disoriented residents.	64	64.0	56.7	58.4
Residents with bed sores.	22	22.0	6.0	7.1
Residents receiving special skin care.	59	59.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COHENS RETREAT

Street Address: 5715 SKIDAWAY RD		**City and State:** SAVANNAH GA 31406	
Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	76.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	24	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	17	56.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	43.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	6.7	34.4	37.7
Completely bedfast residents.	2	6.7	4.2	3.4
Residents confined to chairs.	10	33.3	45.6	50.8
Residents requiring restraints.	1	3.3	31.9	41.3
Confused or disoriented residents.	22	73.3	56.7	58.4
Residents with bed sores.	1	3.3	6.0	7.1
Residents receiving special skin care.	14	46.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CENTER

Street Address: 11800 ABERCORN DR	**City and State:** SAVANNAH GA 31419

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 6	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	90.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	82	89.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	77.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	79.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	76.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	29.3	34.4	37.7
Completely bedfast residents.	4	4.3	4.2	3.4
Residents confined to chairs.	54	58.7	45.6	50.8
Residents requiring restraints.	20	21.7	31.9	41.3
Confused or disoriented residents.	57	62.0	56.7	58.4
Residents with bed sores.	18	19.6	6.0	7.1
Residents receiving special skin care.	16	17.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAVANNAH CONVALESCENT CENTER

Street Address: 815 E 63 ST	**City and State:** SAVANNAH GA 31405

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 3	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	57.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	97	81.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	82	68.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.1	34.4	37.7
Completely bedfast residents.	1	0.8	4.2	3.4
Residents confined to chairs.	75	63.0	45.6	50.8
Residents requiring restraints.	26	21.8	31.9	41.3
Confused or disoriented residents.	45	37.8	56.7	58.4
Residents with bed sores.	15	12.6	6.0	7.1
Residents receiving special skin care.	41	34.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE BLUFF MANOR

Street Address: 12825 WHITE BLUFF ROAD		**City and State:** SAVANNAH GA 31406	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	73.4	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	67.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	62.5	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	57.8	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	60.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	20.3	34.4	37.7
Completely bedfast residents.	4	6.3	4.2	3.4
Residents confined to chairs.	19	29.7	45.6	50.8
Residents requiring restraints.	18	28.1	31.9	41.3
Confused or disoriented residents.	25	39.1	56.7	58.4
Residents with bed sores.	4	6.3	6.0	7.1
Residents receiving special skin care.	2	3.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING SPRINGS VILLAGE

Street Address: 404 KING SPRINGS VILLAGE PKWY		**City and State:** SMYRNA GA 30080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	86.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	52	86.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	52	86.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	58.3	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	37	61.7	45.6	50.8
Residents requiring restraints.	35	58.3	31.9	41.3
Confused or disoriented residents.	36	60.0	56.7	58.4
Residents with bed sores.	2	3.3	6.0	7.1
Residents receiving special skin care.	10	16.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SNELLVILLE NURSING REHAB CTR

Street Address: 3000 LENORA CHURCH RD	**City and State:** SNELLVILLE GA 30278

Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	71.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	88	75.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	57.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	58.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	53	45.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.4	34.4	37.7
Completely bedfast residents.	4	3.4	4.2	3.4
Residents confined to chairs.	42	35.9	45.6	50.8
Residents requiring restraints.	54	46.2	31.9	41.3
Confused or disoriented residents.	77	65.8	56.7	58.4
Residents with bed sores.	6	5.1	6.0	7.1
Residents receiving special skin care.	44	37.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOCIAL CIRCLE INTERMEDIATE CARE FAC

Street Address: 671 N CHEROKEE RD	**City and State:** SOCIAL CIRCLE GA 30279

Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	31	47.7	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	41.5	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	35.4	48.0	59.1
Residents on individually written bowel and bladder retraining program.	4	6.2	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	12.3	22.1	29.3
Completely bedfast residents.	1	1.5	2.4	3.6
Residents confined to chairs.	26	40.0	27.1	39.1
Residents requiring restraints.	12	18.5	20.8	31.7
Confused or disoriented residents.	30	46.2	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	8	12.3	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TREUTLEN NH

Street Address: 404 COLLEGE ST BOX 508	**City and State:** SOPERTON GA 30459

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	95.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	39	79.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	29	59.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	38.8	34.4	37.7
Completely bedfast residents.	2	4.1	4.2	3.4
Residents confined to chairs.	14	28.6	45.6	50.8
Residents requiring restraints.	15	30.6	31.9	41.3
Confused or disoriented residents.	20	40.8	56.7	58.4
Residents with bed sores.	3	6.1	6.0	7.1
Residents receiving special skin care.	10	20.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVIDENCE HEALTH CARE SPARTA

Street Address: PROVIDENCE ST BOX 86		**City and State:** SPARTA GA 31087	
Participation: MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	81.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	60	93.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	32	50.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	51.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	51.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	28.1	34.4	37.7
Completely bedfast residents.	6	9.4	4.2	3.4
Residents confined to chairs.	15	23.4	45.6	50.8
Residents requiring restraints.	20	31.3	31.9	41.3
Confused or disoriented residents.	15	23.4	56.7	58.4
Residents with bed sores.	7	10.9	6.0	7.1
Residents receiving special skin care.	17	26.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPARTA HEALTH CARE

Street Address: RT 22 BOX 237		**City and State:** SPARTA GA 31087	
Participation: MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	35.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	87.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	75.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	75.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	76.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	7	8.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	69.1	34.4	37.7
Completely bedfast residents.	7	8.6	4.2	3.4
Residents confined to chairs.	15	18.5	45.6	50.8
Residents requiring restraints.	12	14.8	31.9	41.3
Confused or disoriented residents.	50	61.7	56.7	58.4
Residents with bed sores.	2	2.5	6.0	7.1
Residents receiving special skin care.	7	8.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EFFINGHAM CO ECF

Street Address: GEORGIA HIGHWAY 19 BOX 386	**City and State:** SPRINGFIELD GA 31329

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	80.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	80.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	70.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	69.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	52.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	29.1	34.4	37.7
Completely bedfast residents.	1	1.8	4.2	3.4
Residents confined to chairs.	37	67.3	45.6	50.8
Residents requiring restraints.	24	43.6	31.9	41.3
Confused or disoriented residents.	34	61.8	56.7	58.4
Residents with bed sores.	3	5.5	6.0	7.1
Residents receiving special skin care.	16	29.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN'S NH

Street Address:		City and State:	
226 S COLLEGE ST		STATESBORO GA 30458	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	63	PROPRIETARY	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	77.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	76.2	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	79.4	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	76.2	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	74.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	19.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	25.4	34.4	37.7
Completely bedfast residents.	6	9.5	4.2	3.4
Residents confined to chairs.	15	23.8	45.6	50.8
Residents requiring restraints.	25	39.7	31.9	41.3
Confused or disoriented residents.	34	54.0	56.7	58.4
Residents with bed sores.	3	4.8	6.0	7.1
Residents receiving special skin care.	14	22.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NIGHTINGALE HOME INC

Street Address: 307 JONES MILL ROAD		**City and State:** STATESBORO GA 30458	
Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	97.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	90	97.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	81.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	70.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	82.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	54.3	34.4	37.7
Completely bedfast residents.	3	3.3	4.2	3.4
Residents confined to chairs.	51	55.4	45.6	50.8
Residents requiring restraints.	45	48.9	31.9	41.3
Confused or disoriented residents.	80	87.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	18	19.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STATESBORO NH

Street Address: 405 S COLLEGE ST BOX 746	**City and State:** STATESBORO GA 30458

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	68	69.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	71	72.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	57.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	45.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	67.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.6	34.4	37.7
Completely bedfast residents.	1	1.0	4.2	3.4
Residents confined to chairs.	32	32.7	45.6	50.8
Residents requiring restraints.	11	11.2	31.9	41.3
Confused or disoriented residents.	52	53.1	56.7	58.4
Residents with bed sores.	4	4.1	6.0	7.1
Residents receiving special skin care.	34	34.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW NH

Street Address: 1010 N HIGHLAND AV		**City and State:** SUMMERVILLE GA 30747	
Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	43.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	61	68.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	64.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	64.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	42.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	6	6.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	39.3	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	40	44.9	45.6	50.8
Residents requiring restraints.	40	44.9	31.9	41.3
Confused or disoriented residents.	35	39.3	56.7	58.4
Residents with bed sores.	4	4.5	6.0	7.1
Residents receiving special skin care.	5	5.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMANUEL CO NH

Street Address: PO BOX 7	**City and State:** SWAINSBORO GA 30401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	60.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	82.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	80.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	80.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	76.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	63.0	34.4	37.7
Completely bedfast residents.	16	34.8	4.2	3.4
Residents confined to chairs.	22	47.8	45.6	50.8
Residents requiring restraints.	30	65.2	31.9	41.3
Confused or disoriented residents.	29	63.0	56.7	58.4
Residents with bed sores.	2	4.3	6.0	7.1
Residents receiving special skin care.	6	13.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWAINSBORO NH

Street Address: RT 4 BOX 184	**City and State:** SWAINSBORO GA 30401

Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	68.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	73.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	52.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	59.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	51.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.7	34.4	37.7
Completely bedfast residents.	9	9.8	4.2	3.4
Residents confined to chairs.	32	34.8	45.6	50.8
Residents requiring restraints.	18	19.6	31.9	41.3
Confused or disoriented residents.	30	32.6	56.7	58.4
Residents with bed sores.	11	12.0	6.0	7.1
Residents receiving special skin care.	6	6.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYL VIEW NH

Street Address: 411 PINE ST BOX 199	**City and State:** SYLVANIA GA 30467

Participation: MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	81.8	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	81.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	69.4	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	64.5	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	66.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	56.2	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	15	12.4	45.6	50.8
Residents requiring restraints.	51	42.1	31.9	41.3
Confused or disoriented residents.	81	66.9	56.7	58.4
Residents with bed sores.	7	5.8	6.0	7.1
Residents receiving special skin care.	22	18.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYLVESTER HEALTH CARE INC

Street Address: PO BOX 406		**City and State:** SYLVESTER GA 31791	
Participation: MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	55	93.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	91.5	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	12	20.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	34.4	37.7
Completely bedfast residents.	6	10.2	4.2	3.4
Residents confined to chairs.	32	54.2	45.6	50.8
Residents requiring restraints.	15	25.4	31.9	41.3
Confused or disoriented residents.	59	100	56.7	58.4
Residents with bed sores.	4	6.8	6.0	7.1
Residents receiving special skin care.	59	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILDWOOD INTERMEDIATE CARE HOME

Street Address: RFD 2		**City and State:** TALKING ROCK GA 30175	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	43.6	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	25	64.1	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	51.3	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	56.4	48.0	59.1
Residents on individually written bowel and bladder retraining program.	4	10.3	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	33.3	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	9	23.1	27.1	39.1
Residents requiring restraints.	15	38.5	20.8	31.7
Confused or disoriented residents.	39	100	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	8	20.5	19.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEAR VIEW NURSING CARE CENTER

Street Address: 310 AVE F BOX 1162		**City and State:** THOMASTON GA 30286	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	1	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	82.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	98	88.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	79.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	79.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	73.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	23.4	34.4	37.7
Completely bedfast residents.	4	3.6	4.2	3.4
Residents confined to chairs.	48	43.2	45.6	50.8
Residents requiring restraints.	24	21.6	31.9	41.3
Confused or disoriented residents.	77	69.4	56.7	58.4
Residents with bed sores.	20	18.0	6.0	7.1
Residents receiving special skin care.	86	77.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVIDENCE HEALTH CARE

Street Address: 1011 S GREEN ST		**City and State:** THOMASTON GA 30286	
Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	80.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	91	82.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	70.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	52.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	50.9	34.4	37.7
Completely bedfast residents.	5	4.5	4.2	3.4
Residents confined to chairs.	26	23.6	45.6	50.8
Residents requiring restraints.	52	47.3	31.9	41.3
Confused or disoriented residents.	70	63.6	56.7	58.4
Residents with bed sores.	5	4.5	6.0	7.1
Residents receiving special skin care.	34	30.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING CTR. OF THOMASTON

Street Address: 101 OLD TALBOTTON RD	**City and State:** THOMASTON GA 30286

Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	93.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	56	76.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	38	52.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	63.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	43.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	24.7	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	27	37.0	45.6	50.8
Residents requiring restraints.	29	39.7	31.9	41.3
Confused or disoriented residents.	30	41.1	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	25	34.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
H C E GLENN MOR HOME

Street Address: RT 1 BOX 464		**City and State:** THOMASVILLE GA 31792	
Participation: MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	78.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	90.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	53	82.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	78.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	96.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	23.4	34.4	37.7
Completely bedfast residents.	1	1.6	4.2	3.4
Residents confined to chairs.	33	51.6	45.6	50.8
Residents requiring restraints.	21	32.8	31.9	41.3
Confused or disoriented residents.	36	56.3	56.7	58.4
Residents with bed sores.	3	4.7	6.0	7.1
Residents receiving special skin care.	16	25.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CTR OF THOMASVILLE

Street Address: 930 S BROAD ST	**City and State:** THOMASVILLE GA 31792

Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	92.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	58	89.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	72.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	72.3	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	55.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	47.7	34.4	37.7
Completely bedfast residents.	4	6.2	4.2	3.4
Residents confined to chairs.	48	73.8	45.6	50.8
Residents requiring restraints.	23	35.4	31.9	41.3
Confused or disoriented residents.	24	36.9	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	3	4.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEHAVEN SNF

Street Address: RTE 5 S PINETREE BLVD PO BOX 1378		**City and State:** THOMASVILLE GA 31792	
Participation: MEDICAID SNF	**# of Beds:** 21	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	17	100	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	17	100	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	100	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	100	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	17	100	45.6	50.8
Residents requiring restraints.	0	0.0	31.9	41.3
Confused or disoriented residents.	0	0.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	2	11.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THOMASVILLE HEALTH CARE CENTER

Street Address: 4 SKYLINE DRIVE BOX 1714	**City and State:** THOMASVILLE GA 31799

Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	58.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	66.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	23	46.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	48.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	48.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	6.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.0	34.4	37.7
Completely bedfast residents.	3	6.0	4.2	3.4
Residents confined to chairs.	25	50.0	45.6	50.8
Residents requiring restraints.	13	26.0	31.9	41.3
Confused or disoriented residents.	35	70.0	56.7	58.4
Residents with bed sores.	1	2.0	6.0	7.1
Residents receiving special skin care.	11	22.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THOMSON MANOR NH

Street Address: PO BOX 1080		**City and State:** THOMSON GA 30824	
Participation: MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 0	**Medicaid Residents:** 124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	74.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	122	81.3	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	106	70.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	70.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	70.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	35.3	34.4	37.7
Completely bedfast residents.	6	4.0	4.2	3.4
Residents confined to chairs.	35	23.3	45.6	50.8
Residents requiring restraints.	55	36.7	31.9	41.3
Confused or disoriented residents.	80	53.3	56.7	58.4
Residents with bed sores.	12	8.0	6.0	7.1
Residents receiving special skin care.	74	49.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIFT HEALTH CARE

Street Address: 215 20TH ST	**City and State:** TIFTON GA 31794

Participation: MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 0	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	75.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	144	81.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	51.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	50.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	45.8	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	21.5	34.4	37.7
Completely bedfast residents.	8	4.5	4.2	3.4
Residents confined to chairs.	65	36.7	45.6	50.8
Residents requiring restraints.	44	24.9	31.9	41.3
Confused or disoriented residents.	93	52.5	56.7	58.4
Residents with bed sores.	5	2.8	6.0	7.1
Residents receiving special skin care.	79	44.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIFTON NH

Street Address: 1451 NEWTON DR BOX 1149	**City and State:** TIFTON GA 31794

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	64.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	63	63.0	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	51.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	56.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	51.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.0	34.4	37.7
Completely bedfast residents.	40	40.0	4.2	3.4
Residents confined to chairs.	44	44.0	45.6	50.8
Residents requiring restraints.	34	34.0	31.9	41.3
Confused or disoriented residents.	48	48.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	20	20.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOCCOA NURSING CENTER

Street Address: 743 FALLS RD BOX 1129	**City and State:** TOCCOA GA 30577

Participation: MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	**Medicare Residents:** 0	**Medicaid Residents:** 149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	178	98.3	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	132	72.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	132	72.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	60.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	54.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	35.4	34.4	37.7
Completely bedfast residents.	7	3.9	4.2	3.4
Residents confined to chairs.	101	55.8	45.6	50.8
Residents requiring restraints.	63	34.8	31.9	41.3
Confused or disoriented residents.	127	70.2	56.7	58.4
Residents with bed sores.	5	2.8	6.0	7.1
Residents receiving special skin care.	15	8.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDMONT GALA NH

Street Address: RT 2 BOX 45	**City and State:** TRENTON GA 30752

Participation: MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	59.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	78.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	73.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	53.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	48.4	34.4	37.7
Completely bedfast residents.	8	12.5	4.2	3.4
Residents confined to chairs.	30	46.9	45.6	50.8
Residents requiring restraints.	30	46.9	31.9	41.3
Confused or disoriented residents.	42	65.6	56.7	58.4
Residents with bed sores.	2	3.1	6.0	7.1
Residents receiving special skin care.	30	46.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARWOOD NURSING CENTER

Street Address: 3888 LAVISTA ROAD		**City and State:** TUCKER GA 30084	
Participation: MEDICARE SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	98.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	69	93.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	81.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	81.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	67.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.5	34.4	37.7
Completely bedfast residents.	1	1.4	4.2	3.4
Residents confined to chairs.	54	73.0	45.6	50.8
Residents requiring restraints.	28	37.8	31.9	41.3
Confused or disoriented residents.	48	64.9	56.7	58.4
Residents with bed sores.	2	2.7	6.0	7.1
Residents receiving special skin care.	6	8.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK NH

Street Address: 4608 LAWRENCE HIGHWAY		**City and State:** TUCKER GA 30084	
Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	90.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	90.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	35	83.3	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	81.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	81.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	57.1	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	33	78.6	45.6	50.8
Residents requiring restraints.	29	69.0	31.9	41.3
Confused or disoriented residents.	25	59.5	56.7	58.4
Residents with bed sores.	2	4.8	6.0	7.1
Residents receiving special skin care.	4	9.5	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN VIEW NH

Street Address: HWY 80 BOX 482	**City and State:** TWIN CITY GA 30471

Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	65.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	95	87.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	60.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	77.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	45.9	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	34	31.2	45.6	50.8
Residents requiring restraints.	28	25.7	31.9	41.3
Confused or disoriented residents.	48	44.0	56.7	58.4
Residents with bed sores.	5	4.6	6.0	7.1
Residents receiving special skin care.	11	10.1	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEANSIDE NURSING HOME

Street Address: 77 VAN HORN ST	**City and State:** TYBEE ISLAND GA 31328

Participation: MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	73.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	66.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	58.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	48.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	50.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	15.0	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	30	37.5	45.6	50.8
Residents requiring restraints.	22	27.5	31.9	41.3
Confused or disoriented residents.	0	0.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	80	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAVANNAH BEACH NH

Street Address: 90 VAN HORN ST		**City and State:** TYBEE ISLAND GA 31328	
Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	52.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	33	68.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	24	50.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	43.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.3	34.4	37.7
Completely bedfast residents.	3	6.3	4.2	3.4
Residents confined to chairs.	15	31.3	45.6	50.8
Residents requiring restraints.	18	37.5	31.9	41.3
Confused or disoriented residents.	32	66.7	56.7	58.4
Residents with bed sores.	2	4.2	6.0	7.1
Residents receiving special skin care.	23	47.9	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN POINT HEALTH CARE

Street Address: PO BOX 312	**City and State:** UNION POINT GA 30669

Participation: MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	60.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	48	68.6	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	67.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	60.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	30.0	34.4	37.7
Completely bedfast residents.	2	2.9	4.2	3.4
Residents confined to chairs.	40	57.1	45.6	50.8
Residents requiring restraints.	39	55.7	31.9	41.3
Confused or disoriented residents.	36	51.4	56.7	58.4
Residents with bed sores.	3	4.3	6.0	7.1
Residents receiving special skin care.	29	41.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD NH

Street Address: 415 PENDLETON PLACE BOX 2999		**City and State:** VALDOSTA GA 31601	
Participation: MEDICAID SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	97.3	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	97.3	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	97.3	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	90.7	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	97.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	49.3	34.4	37.7
Completely bedfast residents.	2	2.7	4.2	3.4
Residents confined to chairs.	66	88.0	45.6	50.8
Residents requiring restraints.	53	70.7	31.9	41.3
Confused or disoriented residents.	69	92.0	56.7	58.4
Residents with bed sores.	10	13.3	6.0	7.1
Residents receiving special skin care.	3	4.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE NH

Street Address: 2501 N ASHLEY ST BOX 2999	**City and State:** VALDOSTA GA 31601

Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	80.7	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	72	81.8	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	72	81.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	80.7	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	79.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	9.1	34.4	37.7
Completely bedfast residents.	1	1.1	4.2	3.4
Residents confined to chairs.	55	62.5	45.6	50.8
Residents requiring restraints.	44	50.0	31.9	41.3
Confused or disoriented residents.	51	58.0	56.7	58.4
Residents with bed sores.	6	6.8	6.0	7.1
Residents receiving special skin care.	34	38.6	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL INTERMEDIATE CARE FACILITY

Street Address: 415 PENDLETON PLACE BOX 2999		**City and State:** VALDOSTA GA 31601	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	96.7	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	88	96.7	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	78.0	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	78.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	82.4	48.0	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	82	90.1	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	19	20.9	27.1	39.1
Residents requiring restraints.	17	18.7	20.8	31.7
Confused or disoriented residents.	43	47.3	57.1	55.8
Residents with bed sores.	1	1.1	2.9	4.7
Residents receiving special skin care.	7	7.7	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEHAVEN NH

Street Address: 410 NORTHSIDE DR BOX 2999	**City and State:** VALDOSTA GA 31601

Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	60.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	54	71.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	54	71.1	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	53.9	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	52.6	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	31.6	34.4	37.7
Completely bedfast residents.	3	3.9	4.2	3.4
Residents confined to chairs.	28	36.8	45.6	50.8
Residents requiring restraints.	29	38.2	31.9	41.3
Confused or disoriented residents.	23	30.3	56.7	58.4
Residents with bed sores.	3	3.9	6.0	7.1
Residents receiving special skin care.	12	15.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME FOR LADIES

Street Address: 1015 N MAIN ST BOX 668	**City and State:** VIDALIA GA 30474

Participation: MEDICAID SNF/ICF	**# of Beds:** 168	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	68.5	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	108	66.7	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	51.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	48.1	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	35.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	16	9.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	30.9	34.4	37.7
Completely bedfast residents.	2	1.2	4.2	3.4
Residents confined to chairs.	69	42.6	45.6	50.8
Residents requiring restraints.	33	20.4	31.9	41.3
Confused or disoriented residents.	75	46.3	56.7	58.4
Residents with bed sores.	4	2.5	6.0	7.1
Residents receiving special skin care.	37	22.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENDALE NH

Street Address: US 1 BYPASS	**City and State:** WADLEY GA 30747

Participation: MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	88.4	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	84	88.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	60.0	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	69.5	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.3	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	48	50.5	45.6	50.8
Residents requiring restraints.	39	41.1	31.9	41.3
Confused or disoriented residents.	76	80.0	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	24	25.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIWETHER MEMORIAL HOSP NH

Street Address: PO BOX 8	**City and State:** WARM SPRINGS GA 31830

Participation: MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 49	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	63.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	43	75.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	39	68.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	63.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	54.4	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.3	34.4	37.7
Completely bedfast residents.	3	5.3	4.2	3.4
Residents confined to chairs.	31	54.4	45.6	50.8
Residents requiring restraints.	21	36.8	31.9	41.3
Confused or disoriented residents.	29	50.9	56.7	58.4
Residents with bed sores.	1	1.8	6.0	7.1
Residents receiving special skin care.	57	100	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELBERTA CONVALESCENT HOME

Street Address: 419 ELBERTA RD	**City and State:** WARNER ROBINS GA 31093

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	58.7	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	28	44.4	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	41.3	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	39.7	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	50.8	48.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	15.9	22.1	29.3
Completely bedfast residents.	4	6.3	2.4	3.6
Residents confined to chairs.	24	38.1	27.1	39.1
Residents requiring restraints.	11	17.5	20.8	31.7
Confused or disoriented residents.	32	50.8	57.1	55.8
Residents with bed sores.	0	0.0	2.9	4.7
Residents receiving special skin care.	42	66.7	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALLMARK NH

Street Address: 1601 ELBERTA RD	**City and State:** WARNER ROBINS GA 31093

Participation: MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 0	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	97.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	108	86.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	93	74.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	82.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	43.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.4	34.4	37.7
Completely bedfast residents.	1	0.8	4.2	3.4
Residents confined to chairs.	20	16.0	45.6	50.8
Residents requiring restraints.	32	25.6	31.9	41.3
Confused or disoriented residents.	80	64.0	56.7	58.4
Residents with bed sores.	10	8.0	6.0	7.1
Residents receiving special skin care.	18	14.4	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PEACHBELT NH

Street Address: 801 ELBERTA RD	**City and State:** WARNER ROBINS GA 31056

Participation: MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	87.5	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	76.0	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	60.6	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	60.6	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	56.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	23.1	34.4	37.7
Completely bedfast residents.	9	8.7	4.2	3.4
Residents confined to chairs.	47	45.2	45.6	50.8
Residents requiring restraints.	52	50.0	31.9	41.3
Confused or disoriented residents.	55	52.9	56.7	58.4
Residents with bed sores.	6	5.8	6.0	7.1
Residents receiving special skin care.	20	19.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVIDENCE HEALTH CARE

Street Address: NORWOOD RD BOX 69		**City and State:** WARRENTON GA 30828	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	4	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	77.1	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	71.4	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	65.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	68.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	60.0	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	31.4	34.4	37.7
Completely bedfast residents.	6	5.7	4.2	3.4
Residents confined to chairs.	43	41.0	45.6	50.8
Residents requiring restraints.	39	37.1	31.9	41.3
Confused or disoriented residents.	57	54.3	56.7	58.4
Residents with bed sores.	6	5.7	6.0	7.1
Residents receiving special skin care.	28	26.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILKES HEALTH CARE

Street Address: 112 HOSPITAL DRIVE		**City and State:** WASHINGTON GA 30673	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	91.5	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	76.6	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	68.1	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	27.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.8	34.4	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	31	66.0	45.6	50.8
Residents requiring restraints.	9	19.1	31.9	41.3
Confused or disoriented residents.	19	40.4	56.7	58.4
Residents with bed sores.	2	4.3	6.0	7.1
Residents receiving special skin care.	6	12.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW ICF

Street Address: 2 OAK VIEW ST BOX 468		**City and State:** WAVERLY HALL GA 31831	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	90.0	71.3	78.3
Dressing Residents requiring some or total assistance in dressing.	90	90.0	67.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	26.0	49.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	20.0	52.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	43.0	48.0	59.1
Residents on individually written bowel and bladder retraining program.	21	21.0	3.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	7.0	22.1	29.3
Completely bedfast residents.	0	0.0	2.4	3.6
Residents confined to chairs.	17	17.0	27.1	39.1
Residents requiring restraints.	5	5.0	20.8	31.7
Confused or disoriented residents.	57	57.0	57.1	55.8
Residents with bed sores.	2	2.0	2.9	4.7
Residents receiving special skin care.	15	15.0	19.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	10.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	6.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	6.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	8	26.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.3	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	26.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	15	50.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	13.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	16.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	33.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	33.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	10.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	13.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	13.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	5	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	26.7	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	6.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	6.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	20.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	20.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	15	50.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	3.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	26.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST VILLAGE INC

Street Address: 2500 CARSWELL AVE EXT DRAWER 179	**City and State:** WAYCROSS GA 31501

Participation: MEDICAID SNF/ICF	**# of Beds:** 254	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 243	**Medicare Residents:** 0	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	175	72.0	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	182	74.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	158	65.0	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	63.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	150	61.7	61.1	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	102	42.0	34.4	37.7
Completely bedfast residents.	2	0.8	4.2	3.4
Residents confined to chairs.	81	33.3	45.6	50.8
Residents requiring restraints.	98	40.3	31.9	41.3
Confused or disoriented residents.	155	63.8	56.7	58.4
Residents with bed sores.	0	0.0	6.0	7.1
Residents receiving special skin care.	39	16.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NH

Street Address: 1600 RIVERSIDE AVE	**City and State:** WAYCROSS GA 31501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	77.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	75	78.9	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.9	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	57.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	42.1	34.4	37.7
Completely bedfast residents.	10	10.5	4.2	3.4
Residents confined to chairs.	55	57.9	45.6	50.8
Residents requiring restraints.	21	22.1	31.9	41.3
Confused or disoriented residents.	74	77.9	56.7	58.4
Residents with bed sores.	6	6.3	6.0	7.1
Residents receiving special skin care.	22	23.2	25.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARE MANOR NH

Street Address: 2210 DOROTHY ST BOX 1039	**City and State:** WAYCROSS GA 31501

Participation: MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	62.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	47	52.2	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	54.4	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	47.8	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	51.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	14.4	34.4	37.7
Completely bedfast residents.	4	4.4	4.2	3.4
Residents confined to chairs.	52	57.8	45.6	50.8
Residents requiring restraints.	46	51.1	31.9	41.3
Confused or disoriented residents.	47	52.2	56.7	58.4
Residents with bed sores.	6	6.7	6.0	7.1
Residents receiving special skin care.	12	13.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD TERRACE HEALTH CENTER

Street Address: 115 BRENTWOOD DR		**City and State:** WAYNESBORO GA 30830	
Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	92.2	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	98	95.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	80.6	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	84.5	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	55.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	34.4	37.7
Completely bedfast residents.	2	1.9	4.2	3.4
Residents confined to chairs.	7	6.8	45.6	50.8
Residents requiring restraints.	28	27.2	31.9	41.3
Confused or disoriented residents.	23	22.3	56.7	58.4
Residents with bed sores.	4	3.9	6.0	7.1
Residents receiving special skin care.	23	22.3	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE INN OF WHIGHAM

Street Address: ROUTE 179 BOX 46	**City and State:** WHIGHAM GA 31797

Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	89.6	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	80	75.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	64.2	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	47.2	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	65.1	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	28.3	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	35	33.0	45.6	50.8
Residents requiring restraints.	36	34.0	31.9	41.3
Confused or disoriented residents.	57	53.8	56.7	58.4
Residents with bed sores.	3	2.8	6.0	7.1
Residents receiving special skin care.	3	2.8	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSSELL NH

Street Address: PO BOX 588	**City and State:** WINDER GA 30680

Participation: MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	96.4	78.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	89.8	80.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	88.3	68.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	81.0	69.1	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	75.2	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	47.4	34.4	37.7
Completely bedfast residents.	11	8.0	4.2	3.4
Residents confined to chairs.	86	62.8	45.6	50.8
Residents requiring restraints.	76	55.5	31.9	41.3
Confused or disoriented residents.	127	92.7	56.7	58.4
Residents with bed sores.	2	1.5	6.0	7.1
Residents receiving special skin care.	37	27.0	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BODDY NURSING CENTER

Street Address: 105 ARNOLD MILL RD	**City and State:** WOODSTOCK GA 30188

Participation: MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	67.8	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.1	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	87	75.7	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	70.4	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	60.9	61.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.9	34.4	37.7
Completely bedfast residents.	1	0.9	4.2	3.4
Residents confined to chairs.	81	70.4	45.6	50.8
Residents requiring restraints.	52	45.2	31.9	41.3
Confused or disoriented residents.	87	75.7	56.7	58.4
Residents with bed sores.	5	4.3	6.0	7.1
Residents receiving special skin care.	18	15.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WRIGHTSVILLE MANOR INC

Street Address: PO BOX 209		**City and State:** WRIGHTSVILLE GA 31096	
Participation: MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	87.9	78.4	81.5
Dressing Residents requiring some or total assistance in dressing.	56	61.5	80.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	53.8	68.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	51.6	69.1	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	47.3	61.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	28.6	34.4	37.7
Completely bedfast residents.	6	6.6	4.2	3.4
Residents confined to chairs.	41	45.1	45.6	50.8
Residents requiring restraints.	25	27.5	31.9	41.3
Confused or disoriented residents.	32	35.2	56.7	58.4
Residents with bed sores.	4	4.4	6.0	7.1
Residents receiving special skin care.	27	29.7	25.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.4	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.2	518	5.5
Each resident is free from mental and physical abuse.	MET	11	3.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	37	12.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	67	23.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	1.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	35.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	28.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	91	31.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	95	32.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	16.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	34.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	40	13.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	82	28.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	12.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	22	7.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	23	7.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	10.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	62	21.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	44	15.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	39	13.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	59	20.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	51	17.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	89	30.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	29	10.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	72	24.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

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